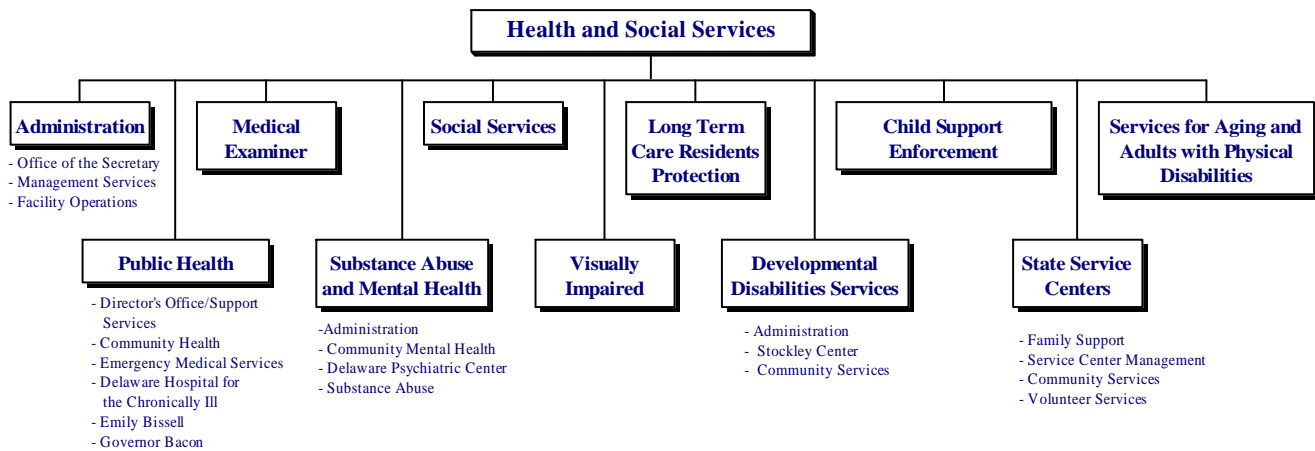


HEALTH AND SOCIAL SERVICES

35-00-00



MISSION

The Department of Health and Social Services (DHSS) plays a major role in meeting the basic needs of Delaware families and individuals. This is recognized by the department's mission "to improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency and protecting vulnerable populations."

KEY OBJECTIVES

Promote Health and Well-Being

- Increase access to mental and physical health care and promote preventive behaviors that can improve health status.
 - Extend managed care models of service delivery to provide more and better services with cost controls.
 - Continue to advance a public health agenda to reduce the incidence of preventable conditions by promoting healthy lifestyles through health education, wellness and risk reduction programs.
 - Implement strategies to enhance prevention and intervention efforts for high-risk minority populations.
 - Continue to strengthen maternal, adolescent and child health care.

Foster Self-Sufficiency

- Reduce dependency among welfare recipients and those at risk for welfare dependency.
 - Provide family support to increase the earning potential of single parents: day care, medical

benefits, employability training, and vocational training.

- Implement targeted strategies to make work pay, promote mutual responsibility, and encourage families to stay together.
- Enhance child support enforcement efforts to maintain prompt processing while responding to increasing numbers.
- Provide community-based care to ensure an appropriate continuum of services and avoid restrictive and costly institutionalization whenever possible.
 - Continue expansion of community services for persons with developmental disabilities and enhance family support services.
 - Continue expansion of community mental health and substance abuse services.
 - Continue expansion of community-based supports, such as homemaker services and adult day care, to allow the elderly and adults with physical disabilities to remain in their homes.

Protect Vulnerable Populations

- Ensure the quality of care, safety, and security of individuals in long-term care facilities, residential programs and day services.
- Provide emergency and transitional shelters and support to homeless individuals and families.
- Serve children and their families by providing a safe environment for supervised visitation.

Efficiency in Government

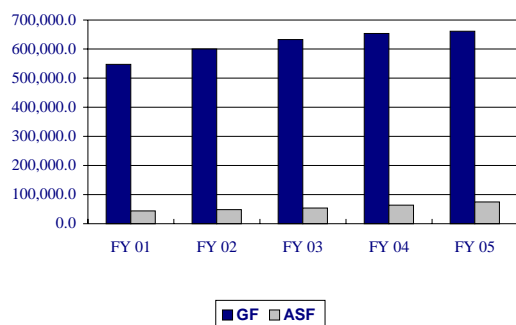
- Promote a customer-focused approach to service delivery through services integration.

HEALTH AND SOCIAL SERVICES

35-00-00

- Ensure the department maximizes the fiscal, human systems and physical resources available in order to provide the best possible service to clients in the most efficient manner.
- Promote accountability and enhance management training opportunities for department leadership.

Five-Year Appropriation History



FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	652,563.2	662,039.4	728,738.2
ASF	50,814.4	74,859.0	67,154.9
TOTAL	703,377.6	736,898.4	795,893.1

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	3,739.7	3,730.7	3,734.5
ASF	131.6	129.0	130.6
NSF	881.6	884.2	885.9
TOTAL	4,752.9	4743.9	4,751.0

FY 2006 BUDGET HIGHLIGHTS

OPERATING BUDGET:

- ◆ Recommend \$105.8 for inflation increases in Public Health. These will be for increases to community providers, School Based Health Centers, long term care facility contracts and lab testing contracts. Also recommend \$198.1 for a new School Based Health Center in Caesar Rodney High School. This will bring centers to 28 of the 29 high schools in the State.
- ◆ Recommend in the Office of Management and Budget Development Fund funding for the second year of the development of a clinical care automated system for Substance Abuse. Recommend \$200.0 to fund the operational costs of the clinical care system.

This division received \$315.0 for provider increases as well as \$500.0 for the increasing costs of medications. New supervised apartments are being recommended with \$455.0 and \$205.0 ASF.

- ◆ Recommend \$45,850.0 as an inflation and volume adjustment for the Medicaid program caused by increasing health care costs and a client base that is projected to reach over 140,000 persons during Fiscal Year 2006 in Social Services. Client growth is also the reason for a \$791.6 recommendation for the Delaware Healthy Children Program as well as \$475.0 for General Assistance. Also recommended is \$412.3 for child care that raises the reimbursement rates for providers of preschool age care.
- ◆ Recommend \$1,292.1 to annualize community placements from Fiscal Year 2005 in Developmental Disabilities Services. The providers in this division are also receiving increases of \$621.8. Funding totaling \$3,315.0 is also recommended for special school graduates, special populations placements and community residential placements.
- ◆ Recommend \$350.0 for the Acquired Brain Injury waiver; \$200.0 for increases to the Nutrition Program; and \$170.0 for provider increases in Services for Aging and Adults with Physical Disabilities. A recommendation of \$97.2, 1.8 FTEs and 1.3 NSF FTEs will address the need for better Medicaid waiver coordination and enhanced case management services.

CAPITAL BUDGET:

- ◆ Recommend \$2,000.0 for the Maintenance and Restoration Program. This funding will be used to maintain 167 buildings at current conditions and provide for the repair of life/safety systems, emergency, and other critical building components and additional unanticipated needs.
- ◆ Recommend \$3,123.0 for the Minor Capital Improvements and Equipment program to prevent the deterioration of buildings and grounds; to continue to eliminate the department's backlog of deferred maintenance; and to improve the safety and environmental conditions of facilities.
- ◆ Recommend \$3,250.0 for improvements to the Herman Holloway Campus. These funds will be used to raze dangerous and dilapidated buildings on the campus that no longer have a functional use.
- ◆ Recommend \$13,441.6 for the Stockley Medical Center to begin construction of a new 82,745 square-foot, 45-bed facility to replace the current

HEALTH AND SOCIAL SERVICES

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Intermediate Care Medical Facility that has outlived its useful life.

ADMINISTRATION

35-01-00

MISSION

The mission of the Administrative Unit is to provide leadership and policy direction for the Department of Health and Social Services so that the department is well managed in its delivery of services to clients. In addition, the unit exists to promote coordinated intra and inter-departmental responses, providing a flexible resource to support the management needs of operating divisions.

KEY OBJECTIVES

- Provide leadership in the development of public policies and in the advancement of responsive management practices.
- Provide technical assistance and support to operating divisions in the form of training, standard setting, budget and program analysis, planning, and evaluation.
- Provide centralized administrative functions in accounting, human resources, payroll, contracts and procurement, management of State and Federal funds, technology, and facility operations.
- Direct certain functions and special projects that have been assigned to the Administrative Unit.

BACKGROUND AND ACCOMPLISHMENTS

The scope of the department's clients and its mission in serving them involves complicated social conditions. The organization must be in a position to respond to the present situation, using its resources creatively to solve problems. With on-going fiscal pressures, it is imperative that the organization continuously rethink how it can meet its objectives. This will entail communicating expectations, encouraging risk taking, and rewarding efforts that have achieved their purpose.

Several major efforts have been launched that require leadership from the Administrative Unit to ensure that expectations for their implementation are realized. This may entail providing assistance to operating divisions to facilitate administrative procedures; coordinating the activities of the various participants in joint projects; and communicating regularly with constituents to keep them informed. These include:

- Upgrade of the Kronos Timekeeping System at five DHSS 24-hour facilities and in-house

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development of an interface between the timekeeping and scheduling systems.

- Successful on-time and within budget implementation of the Delaware Electronic Reporting and Surveillance System (DERSS) which provides users responsible for statewide communicable disease surveillance with the ability to enter, manage, and view information, as well as functionality for early warning and bioterrorism response.
- Upgrade to modern switch technology, providing improved network throughout 32 DHSS locations.
- Development of a master capital plan for the Holloway Campus, focusing on a new psychiatric center and other campus upgrades.
- Implementation of an enhanced computerized maintenance management system (CMMS) statewide.

The department must also be alert to emerging topics to help shape how policy decisions are framed and understood. With the diverse constituency and the breadth of programs for which it is responsible, few social problems surface that do not have an impact on some facet of the department's work. It is important for the department to be a leader, spokesperson, and active participant to ensure that linkages are made and implications are well understood. It is also important that community awareness be developed around issues and topics that affect the department.

With an organization of approximately 5,000 people, the department faces the challenge of meeting the needs of an increasingly diverse workforce. Concurrently, greater demands are being felt to increase the accessibility and responsiveness of the service delivery system. A flexible work environment is needed to meet the needs of clients, while supporting employees and their families. In addition, training, professional development, and management support are on-going requirements to enhance staff performance. The physical plant associated with the department is equally large. The responsibility for seeing that it functions well for the clients who are served there and the employees who work there is difficult to manage.

Just as these resources demand attention, so do the programs they serve: there is a volume of client and program data to be collected and analyzed; dollars spent must be accounted for; and quality must be monitored and contracts managed. Automation and technological support are critical to achieving and maintaining this balance. The department continues to proceed with

systems development through the investment of one-time funding, reallocations, and the reclassification of existing staff.

FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	27,581.8	26,372.7	29,372.5
ASF	2,573.8	3,746.2	3,783.6
TOTAL	30,155.8	30,118.9	33,156.1

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	423.7	424.5	425.5
ASF	35.6	35.0	35.6
NSF	53.4	53.7	53.1
TOTAL	512.7	513.2	514.2

OFFICE OF THE SECRETARY

35-01-10

ACTIVITIES

- Manage the department; provide leadership for human services delivery.
- Ensure coordination between agencies within the department.
- Maintain responsive and positive relationships with constituents, advisory councils and other citizen groups.
- Ensure effective coordination with the Governor's Office and other cabinet agencies.
- Manage the department's public information function.
- Ensure timely and appropriate responses to all directives, laws, judicial decisions, inquiries and policies.

PERFORMANCE MEASURES

The Constituent Relations Office receives constituent inquiries from a wide variety of sources and through various means, including walk-in clients, telephone, fax, e-mail and written correspondence.

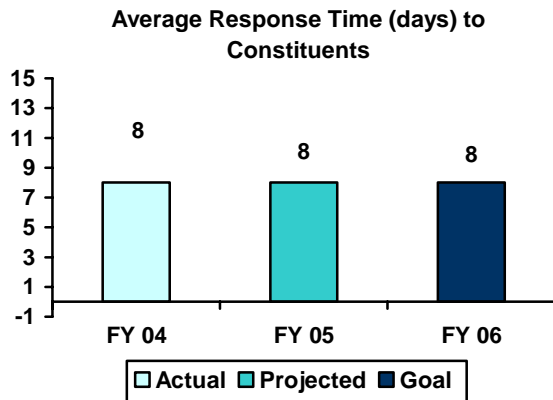
Each division within the department has a designated Customer Service contact with whom the Director of Constituent Relations, in the Secretary's Office, communicates to resolve inquiries. Standards have been developed to address both the quality and the timeliness of the responses.

HEALTH AND SOCIAL SERVICES

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Inquiries that reach the Secretary's office via telephone, fax, walk-in clients, telephone and e-mail are typically responded to within five business days. These inquiries constitute the largest volume of constituent inquiries handled by the office.

The office also receives inquiries via mail. This response time is measured from the receipt of the request into the Office of the Secretary to the date that the response is mailed. The Secretary's office had established a response time of 15 business days as a benchmark. As of January 2001, that benchmark has been reduced to ten business days.



MANAGEMENT SERVICES

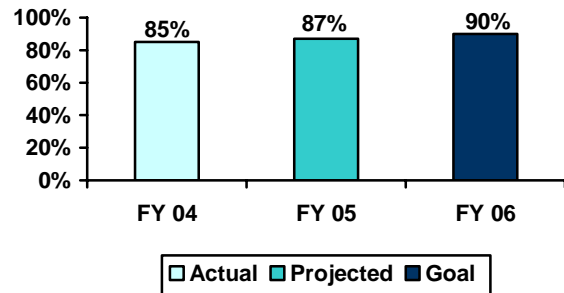
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ACTIVITIES

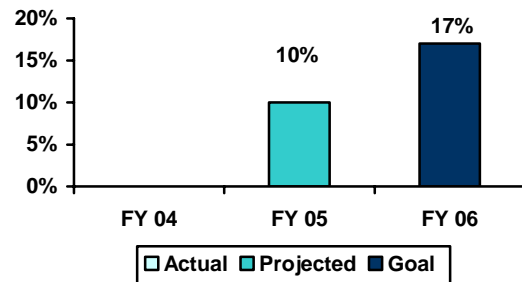
- Audit and recovery services.
- Budget and revenue management.
- Contract management and procurement.
- Planning, evaluation, and quality control.
- Payroll, accounts payable, and grants management.
- Human resources management.
- Information resources management.

PERFORMANCE MEASURES

Percentage of Customers Satisfied with DMS Services



Percentage of DHSS Managers who have Satisfied Mandatory Training Requirements*



*Mandatory training includes the following courses: Promoting a Positive Workplace, Sexual Harassment Prevention, Customer Service, The Hiring Process, and HR-Supervisor Partnership. Data collection will begin in FY 05.

FACILITY OPERATIONS

35-01-30

ACTIVITIES

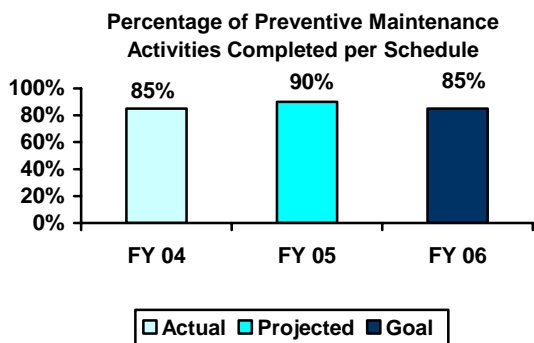
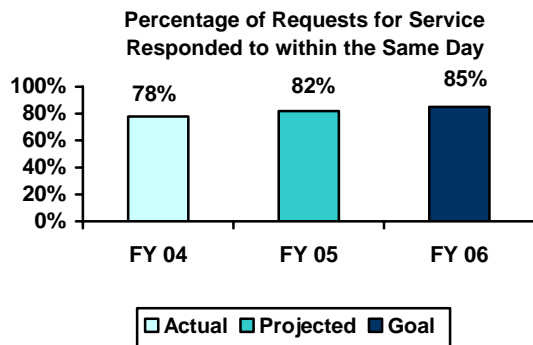
Facility Operations improves maintenance and operating efficiencies by sharing resources, managing priorities, and reducing response time. Department-wide maintenance, housekeeping and security activities are now consolidated into regional units reporting to the Director of Facility Operations in the Division of Management Services.

- Track work orders and prioritize requests for service.
- Maintain a comprehensive preventive maintenance program.
- Manage equipment inventory.

HEALTH AND SOCIAL SERVICES

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- Identify, prioritize, and manage deferred maintenance and Minor Capital Improvement (MCI) programs on a department-wide basis.
- Complete maintenance and restoration projects addressing critical maintenance, operational, code, and licensing issues.



MEDICAL EXAMINER

35-04-00

MISSION

To promote the sound administration of justice through the investigation of sudden, accidental or suspicious deaths and the documentation and presentation of reliable qualitative and quantitative scientific analysis of chemical and biological evidence samples.

KEY OBJECTIVES

Promote Health and Well-Being

- Support law enforcement agencies in the State through the scientific analysis of drug evidence.

Protect Vulnerable Populations

- Investigate the essential facts surrounding sudden, accidental or suspicious deaths.
- Establish the cause and manner of death within reasonable medical certainty for all investigated deaths.
- Determine the positive identity of unidentified human remains.
- Maintain the State's DNA database.

BACKGROUND AND ACCOMPLISHMENTS

The Office of the Chief Medical Examiner was established in 1970 when the constitutionally-mandated system of county coroners, deputy coroners and coroner's physicians was abolished. It exists to investigate all sudden, accidental or suspicious deaths that occur in Delaware.

Accomplishments

During State Fiscal Year 2004 the Office of the Chief Medical Examiner:

- Investigated 3,216 deaths statewide.
- Analyzed more than 2,277 controlled substances cases totaling 9,172 exhibits.
- Received 92 DNA cases.
- Analyzed 616 DUI cases.
- Performed toxicology analysis on 764 postmortem cases.

HEALTH AND SOCIAL SERVICES

35-00-00

FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	2,785.1	3,370.5	3,699.7
ASF	--	--	--
TOTAL	2,785.1	3,370.5	3,699.7

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	36.0	38.0	40.0
ASF	1.0	1.0	1.0
NSF	--	--	--
TOTAL	37.0	39.0	41.0

MEDICAL EXAMINER

35-04-01

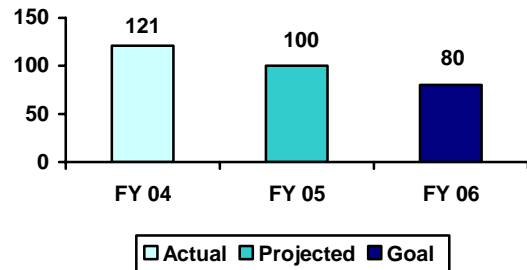
ACTIVITIES

- Conduct medicolegal investigation of all sudden, accidental or suspicious deaths.
- Perform post-mortem examinations.
- Identify human remains.
- Analyze post-mortem toxicology samples.
- Perform scientific analysis of drug evidence.
- Provide transportation of drug and biological evidence to the Forensic Sciences Laboratory.
- Analyze urine and blood samples for the presence of drugs and alcohol.
- Analyze biological evidence for the presence of DNA.
- Maintain a convicted felon DNA database.
- Analyze arson evidence for State Fire Marshal.
- Provide court testimony by pathologists, other forensic scientists and medicolegal investigators.

PERFORMANCE MEASURES

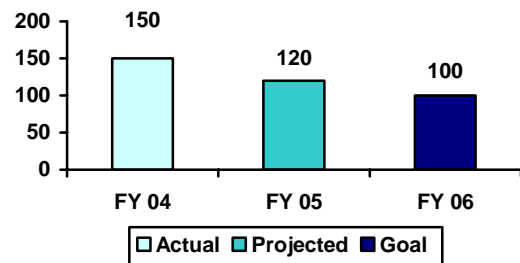
Drug analysis turnaround time is the time period from receipt of drug evidence by the laboratory until analysis is completed and a final report generated. The performance goal is a drug analysis turnaround time average of 80 working days.

Drug Analysis Turnaround Time
Number of Working Days



DNA analysis turnaround time is the time period from receipt of DNA evidence by the laboratory until analysis is completed and a final report generated. The performance goal is a DNA analysis turnaround time average of 100 working days.

DNA Analysis Turnaround Time
Number of Working Days



HEALTH AND SOCIAL SERVICES

35-00-00

PUBLIC HEALTH

35-05-00

MISSION

The mission of the Division of Public Health (DPH) is to protect and improve the health of the people of Delaware by.

- Developing policies that address issues affecting the health of Delawareans;
- Monitoring the health status of the State's citizens through the collection and interpretation of data;
- Developing plans to improve health status and working collaboratively with various communities and agencies to affect positive health change;
- Providing health education and health promotion activities to increase awareness and improvement of personal well-being;
- Responding efficiently and effectively to critical health-related events; and
- Assuring the availability of health care when community resources are not otherwise available.

KEY OBJECTIVES

The Division of Public Health supports the department's mission through focusing on key objectives that address several components of the DHSS mission.

Promote Health and Well-Being

- Provide leadership to communities and various state and private agencies to foster collaborative efforts to positively impact public health.
- Enhance the quality of public health services provided to Delawareans.
- Promote prevention strategies to address the health problems in Delaware.
- Collaborate and develop partnerships with other state and private community-based agencies to address the health needs of Delawareans.

Protect Vulnerable Populations

- Protect Delawareans from threats of emerging pathogens (e.g., bioterrorism and influenza pandemics).
- Address environmental health issues related to public health.

- Provide nursing home services to those unable to afford them.
- Provide core public health services to special populations.

BACKGROUND AND ACCOMPLISHMENTS

Public Health is the health organization of the Department of Health and Social Services. DPH as an organization has changed over the past several years. It has evolved from an organization that mainly provided direct health care services to residents of the State and enforced various health regulations, to an agency that works collaboratively with communities and other organizations to protect and enhance the health of Delaware's citizens.

Its mission has meant that DPH has placed renewed emphasis on the core functions of public health: assessment, assurance and policy development. DPH collects and analyzes various health data, and provides disease investigations and critical public health laboratory testing to ensure the public's health is safeguarded. Assurance efforts include environmental health monitoring, public information and health education, and collaborating with communities and various state and local organizations to assure access to health care services for Delawareans. The division has expanded its leadership efforts to work directly with communities to identify health problems, provide data regarding these problems, and assist communities with developing strategies to address their health concerns. Policies that are promulgated to protect citizens' health involve the input of many individuals and organizations. This process ensures that these policies are appropriate and effective to address areas of public health concern.

Public Health continues to provide direct services in critical public health areas. DPH offers a wide range of services that include targeting highly contagious diseases, offering family planning services to high-risk individuals and focusing on adolescent pregnancy prevention. Collaboration with other organizations has led to improved and expanded health services for cancer patients, adolescents through school-based health centers and for vulnerable populations such as those diagnosed with HIV disease or AIDS.

The division continues to examine the core public health functions and the activities that are necessary to ensure that Delawareans live full and healthy lives in a healthy environment. A continued focus on assessment, assurance and policy development, as well as providing personal health services to special populations or

HEALTH AND SOCIAL SERVICES

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populations at risk will help the State realize improvement in the health of its citizens.

Accomplishments

- The division utilizes over \$5 million of Tobacco Settlement funds to implement tobacco prevention programs.
- Twenty-seven school-based health centers are open and operating. The number of visits and student contacts to these wellness centers continue to increase as well.
- Four out of five two-year-olds in Delaware have been fully immunized against diphtheria, tetanus, whooping cough, polio and measles according to the National Immunization Survey conducted by the Centers for Disease Control and Prevention.
- The division has served as the vehicle to communicate the Cancer Council's recommendations through active participation with other state agencies and contract services.
- DPH began a comprehensive program for screening for cancer. In Fiscal Year 2004, DPH paid for breast, cervical and colorectal cancer screening for low-income uninsured and underinsured Delawareans. DPH also funded the treatment of cancers diagnosed through the screening program.
- The Drinking Water Revolving Fund loan program assists with the funding of infrastructure improvements to public water systems throughout the State.

FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	77,849.5	72,951.2	75,126.3
ASF	12,166.4	30,915.6	21,398.1
TOTAL	90,015.9	103,866.8	96,524.4

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	1,228.1	1,228.1	1,228.1
ASF	53.8	53.8	55.8
NSF	230.7	246.2	245.2
TOTAL	1,512.6	1,528.1	1,529.1

DIRECTOR'S OFFICE/SUPPORT SERVICES

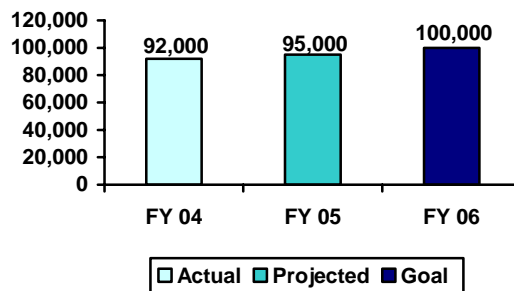
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ACTIVITIES

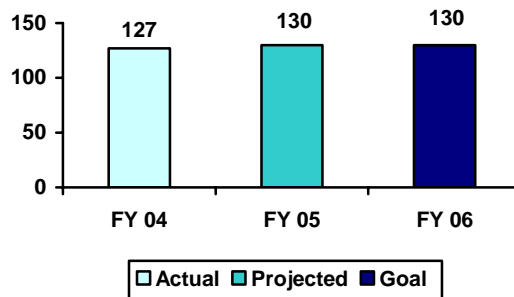
- Planning and evaluation
- Program coordination
- Contract development and management
- Grant coordination
- Coordination of public information
- Minority health
- Establishing management framework
- Fiscal management
- Revenue development and management
- Capital improvement
- Management information systems
- System automation
- Collecting and cataloging vital statistics
- Core public health skills training

PERFORMANCE MEASURES

Number of Vital Records Processed



Number of Contract Audits Performed



HEALTH AND SOCIAL SERVICES

35-00-00

COMMUNITY HEALTH

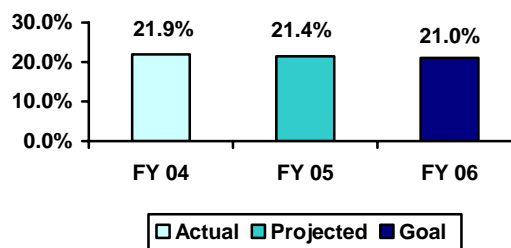
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ACTIVITIES

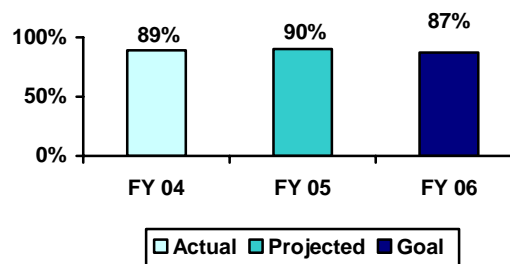
- Development and implementation of an electronic disease reporting system to respond more rapidly to communicable disease outbreaks, including bioterrorism.
- Operation of the Health Alert Network.
- Assessment of the health risks of environmental hazards.
- Inspections and ongoing monitoring of public drinking water systems.
- Hazard analysis, assessment, inspection and monitoring of food establishments.
- Laboratory testing and analysis.
- Prevention and disease control initiatives for cancer, tobacco, diabetes, community health promotion, and child lead poisoning prevention.
- Communicable disease services, including sexually transmitted diseases prevention and treatment; AIDS prevention, testing and counseling; tuberculosis prevention and treatment; rabies control and prevention; and immunization services.
- Licensing and certification of hospitals, non-residential health facilities, and managed care organizations and administration of the fluoridation of municipal water supplies initiative.
- Investigation of the use of narcotics and dangerous drugs.
- Accreditation and certification of firms and individuals that provide lead-based paint abatement training or services.
- Maternal/Child Health Services, enhanced care for high-risk pregnant women; prenatal care and well-child preventive health services for the uninsured including dental services.
- Family planning.
- Services to children with special health care needs, including Child Development Watch.
- School-based health centers.
- Development of more effective primary and rural health care systems.
- Coordinate activities across the State for threats on the health of the public, especially acts of terrorism.

PERFORMANCE MEASURES

Prevalence of Tobacco Use by Adult
Delawareans 18 years and Older

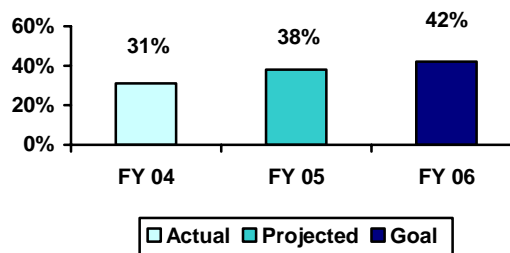


Percent of Children Adequately
Immunized*



*4 DPT, 3 polio, 1 measles; National Immunization Survey, Centers for Disease Control and Prevention.

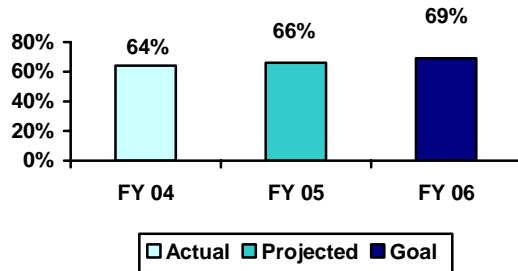
Percent of Colorectal Cancers Detected At
Local Stage



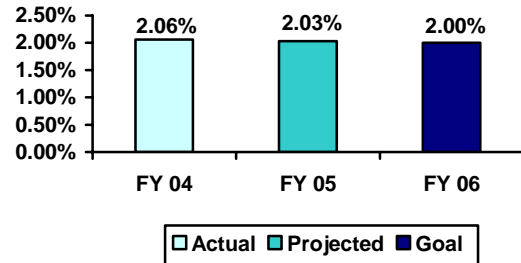
HEALTH AND SOCIAL SERVICES

35-00-00

Percent of Breast Cancers Diagnosed At Local Stage

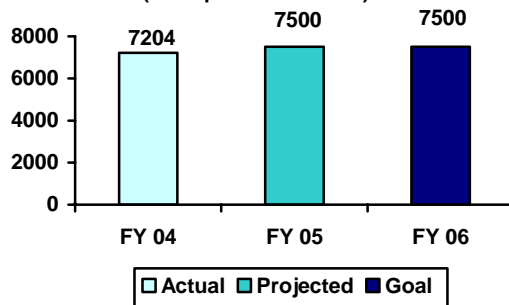


Prevalence of Children Age 6 Years and Below with Elevated Blood Lead

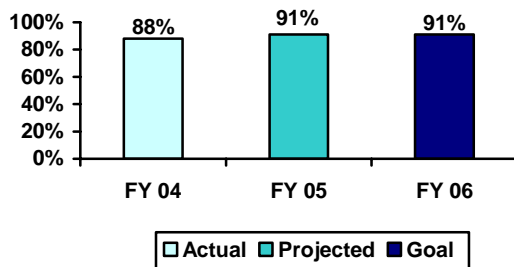


**Beginning with FY 03/04, a greater proportion of 1 to 2-year-olds, who are at greater risk of lead poisoning, were getting screened.*

Number of Medicaid Clients Seen in DPH Dental Clinics (Unduplicated Clients)



Percentage of Delawareans Served by Public Fluoridated Water Systems



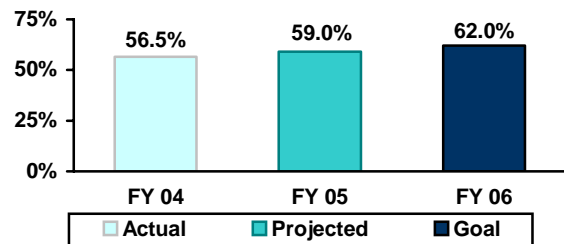
EMERGENCY MEDICAL SERVICES

35-05-30

ACTIVITIES

- Certification of Delaware paramedics including the reciprocity process for trained paramedics coming to the state.
- Coordination, monitoring and evaluation of the statewide paramedic program with the advisory board and the counties.
- Coordination of training and recertification training of EMS personnel in the state and provide certification for the National Registry of Emergency Medical Technicians in Delaware.
- Coordination of EMS activities across the State; collection and coordination of data from all EMS provider agencies; and support of the Fire Prevention Commission EMS activities activities.
- Coordinate the Statewide Trauma System.
- Contract for the two-year paramedic training program through Delaware Technical and Community College.

Percentage of Paramedic Responses Less Than Eight Minutes



HEALTH AND SOCIAL SERVICES

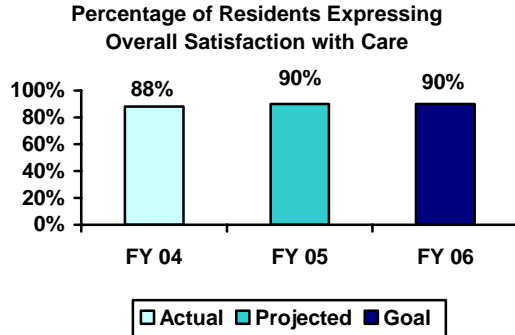
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DELAWARE HOSPITAL FOR THE CHRONICALLY ILL 35-05-40

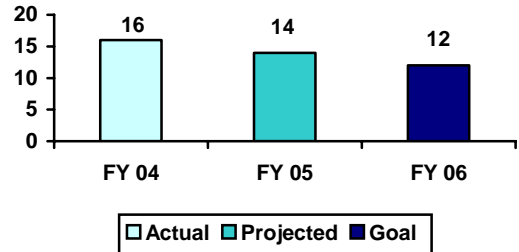
ACTIVITIES

- Operate a 300-bed nursing facility, comprised of 76 skilled and 224 intermediate beds.
- Provide immediate admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an integrated continuous quality improvement program.
- Operate a 25-bed secure care unit for cognitively impaired residents at high-risk for wandering.
- Operate an adult day care center to allow residents to stay in their homes.
- Operate a Central Intake Unit for the Division of Public Health Long Term Care (LTC) facilities.
- Provide financial management for resident trust funds and revenue management.

PERFORMANCE MEASURES



Percentile Of Falls At DHCI Compared To Other Nursing Homes In Delaware*



*Measure is used by Delaware nursing homes as a quality indicator. Scores above the 75th percentile receive a red flag. A ranking at the 25th percentile or lower is an indicator of quality performance.

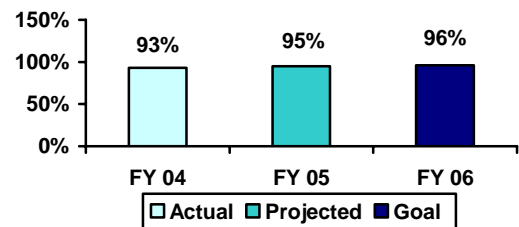
EMILY BISSELL 35-05-50

ACTIVITIES

- Operate an 82-bed nursing facility; all of the beds are skilled.
- Provide immediate admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an integrated continuous quality improvement program.
- Provide Nurses Aide Certification Training Program.
- Provide support to community-based Long Term Care services.

PERFORMANCE MEASURES

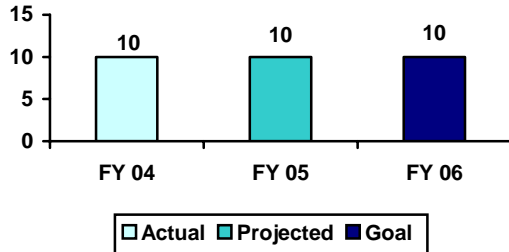
Percentage of Competent Residents / Family Members Expressing Overall Satisfaction with Care



HEALTH AND SOCIAL SERVICES

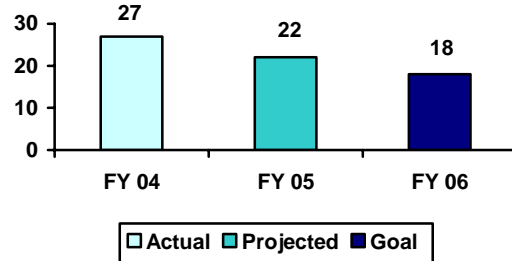
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**Percentile Of Falls At EPBH Compared To
Other Nursing Homes In Delaware***



**Measure is used by Delaware nursing homes as a quality indicator. Scores above the 75th percentile receive a red flag. A ranking at the 25th percentile or lower is an indicator of quality performance.*

**Percentile Of Falls At GBHC Compared To
Other Nursing Homes In Delaware***



**Measure is used by Delaware nursing homes as a quality indicator. Scores above the 75th percentile receive a red flag. A ranking at the 25th percentile or lower is an indicator of quality performance.*

GOVERNOR BACON

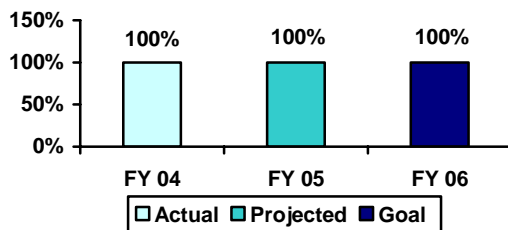
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ACTIVITIES

- Operate an 88-bed nursing facility.
- Provide immediate admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an integrated continuous quality improvement program.
- Operate an automated system for interdisciplinary care planning and documentation, timekeeping accounts receivable, patient census tracking and inventory management.
- Maintain utilities and infrastructure for other state and contractor agencies that operate on campus.
- Provide Nurses Aide Certification Training Program.

PERFORMANCE MEASURES

**Percentage of Competent Residents /
Family Members Expressing Overall
Satisfaction with Care**



HEALTH AND SOCIAL SERVICES

35-00-00

SUBSTANCE ABUSE AND MENTAL HEALTH 35-06-00

MISSION

To improve the quality of life for adults having mental illness, alcoholism, drug addiction or gambling addiction by promoting their health and well-being, fostering their self-sufficiency and protecting those who are at-risk.

KEY OBJECTIVES

- Provide an integrated and coordinated continuum of community based substance abuse and mental health care that promotes recovery, wellness, and self-sufficiency, through prevention, early intervention, and treatment.
- Implement a service delivery system that is informed by research and based on best practice guidelines and principles.
- Ensure access to services for those consumers and clients in need of publicly funded support, through an improved process of eligibility determination, referral to appropriate level of care based on need, and transfer to different levels of care that is driven by consumer input and choice.
- Provide specialized and culturally competent treatment, intervention and prevention services to special populations and traditionally underserved groups, including young adults, older adults, persons involved in the criminal justice system, substance abusing pregnant women, women with dependent children, and racial and ethnic minorities.
- Assist consumers and clients in attaining recovery and community integration as reflected by community tenure, attainment of employment, access to housing and/or residential stability, and healthy personal relationships.
- Reduce the over-utilization of Delaware Psychiatric Center and designated facilities for involuntary commitment.
- Strengthen interdepartmental and interagency collaboration in order to provide more comprehensive and integrated community based behavioral health care for adults.

BACKGROUND AND ACCOMPLISHMENTS

As noted in Healthy Delaware 2010, disparities in behavioral health services (i.e., mental health and substance abuse treatment) have a devastating impact on vulnerable at-risk populations and those in need of treatment services. The goal of the division is to reduce the incidence and prevalence of mental disorders; substance abuse disorders; and pathological gambling; ensure that behavioral health services are consumer friendly and family centered; and facilitate recovery and community integration. The division's programs are designed to reduce hospitalization, improve health and wellness, and build resilience and coping skills.

In the last four years the division has developed a number of strategies and programs to reduce the census at Delaware Psychiatric Center. Admissions continue to be redirected to community psychiatric hospitals. The continuum now contains 19 24-hour supervised residential programs developed to meet the needs of consumers who need long-term care and would otherwise be in the Psychiatric Center.

The Crisis and Psychiatric Emergency Services (C.A.P.E.S.) program is the result of a collaborative effort between Christiana Care's Health Services Department of Psychiatry and the division. The program is located at Christiana Care's Wilmington Hospital and housed with-in their Emergency Department. The program operates 24-hours a day, 7 days a week providing coverage to all consumers, regardless of their ability to pay. The program combines the division's psychiatric residents and Crisis Intervention staff with Christiana Care's psychiatric nurses and emergency room physicians in order to provide thorough psychiatric and substance abuse assessments to consumers using the service.

The C.A.P.E.S. program has been designed to provide a safe area within the Emergency Department that allows psychiatric and substance-abusing consumers to be evaluated so that appropriate dispositions may be sought. By having a separate unit within the Emergency Department, consumers can be held longer to assess the appropriate level of care needed to return the consumer to their normal level of functioning. This additional time will help to reduce the number of consumers sent to area hospitals on mental health commitments, and will utilize established community resources to assist the consumer.

The four Community Mental Health Clinics have instituted this year a program entitled the Front Door Team. Each team consists of mental health professionals providing an array of mental health services vital to the community. The primary role of the Front Door Teams

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is to assure rapid access to mental health care; triage to determine the needs of the individual; assistance in obtaining entitlements; and referral to appropriate social service and medical service providers. In addition, the Front Door Teams provide short-term therapeutic interventions and targeted psychiatric services. Finally, the Front Door Teams provide ready access to appropriate services to individuals in psychiatric crisis and next day services to individuals discharged from local psychiatric in-patient facilities.

Services for persons with substance abuse disorders are an integral component of the division's continuum of care. An extensive body of research shows that with treatment, primary drug use decreases by nearly half. In addition, reported alcohol and drug-related medical visits decline by more than 50 percent, criminal activity by as much as 80 percent, and financial self-sufficiency improves (e.g., employment increases, and welfare receipt and homelessness declines).

The division has introduced performance based contracting with its comprehensive substance abuse outpatient treatment providers. By connecting performance to payment amount, this approach rewards results. The client performance components rewarded under the contracts are: engagement, active participation and graduation.

FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	73,146.2	73,558.2	77,046.8
ASF	1,604.7	3,915.5	4,243.1
TOTAL	74,750.9	77,473.7	81,289.9

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	785.4	785.4	785.4
ASF	8.0	8.0	7.0
NSF	19.8	4.8	4.8
TOTAL	813.2	798.2	797.2

ADMINISTRATION

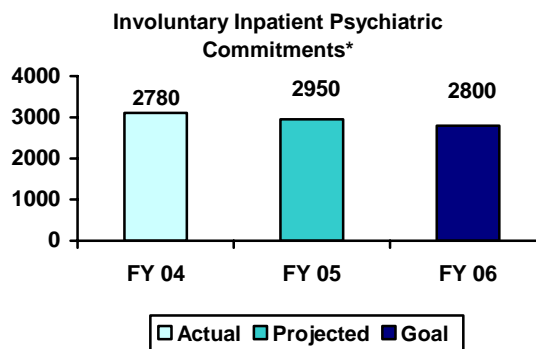
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ACTIVITIES

- Plan, develop and evaluate programs.
- Prepare and administer budgets and federal grants.
- Manage fiscal and contract services.
- Coordinate and provide training for the division and its contractors.

- License alcohol and drug abuse programs and certify community service programs.
- Monitor programs and patient rights.
- Develop an automated clinical care system.
- Manage eligibility and enrollment services for clients/consumers in need of behavioral health treatment services to ensure placement in the appropriate level of care.
- Enhance the role of the division's Medical Director position to include oversight of community-based psychiatric care.
- Ensure service coordination among service systems, for example the Department of Correction and the Department of Services for Children, Youth and Their Families.

PERFORMANCE MEASURES



**Involuntary Inpatient Psychiatric Commitments serve as a broad measure of successfully serving persons in the community as opposed to a psychiatric hospital. This represents a target of a five percent reduction annually.*

COMMUNITY MENTAL HEALTH

35-06-20

ACTIVITIES

- Provide mental health treatment, community counseling and support services.
- Continue to make available new medications for persons with mental illness.
- Provide supported housing services that promote independent living and community integration.
- Restructure the Community Mental Health clinics to improve access and quality of care.
- Work with Vocational Rehabilitation to provide supported employment services that assist clients in securing and maintaining meaningful and appropriate employment.

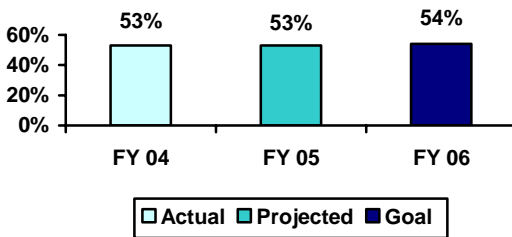
HEALTH AND SOCIAL SERVICES

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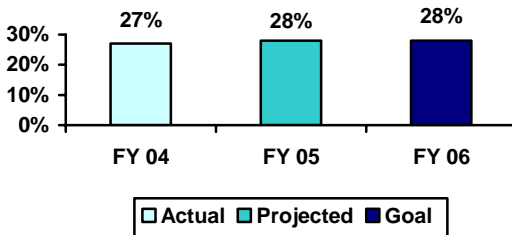
- Deploy Mobile Crisis intervention staff to improve its effectiveness in working with hospital emergency rooms and the police on mental health commitments.

PERFORMANCE MEASURES

Percentage of Consumers in Community Support Programs Available for Work Who are Employed



Percentage of Consumers with Mental Illness Receiving Subsidies for Safe and Decent Housing **



**: The actual FY 2003 data for this performance measure was recalculated to correct an error in data collection

DELAWARE PSYCHIATRIC CENTER

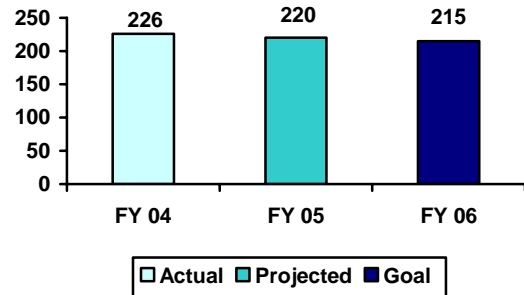
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ACTIVITIES

- Provide psychiatric evaluation, diagnosis and treatment.
- Continue to develop nurse recruitment and retention initiatives to ensure adequate staff at Delaware Psychiatric Center.

PERFORMANCE MEASURES

Average Daily DPC Census



SUBSTANCE ABUSE

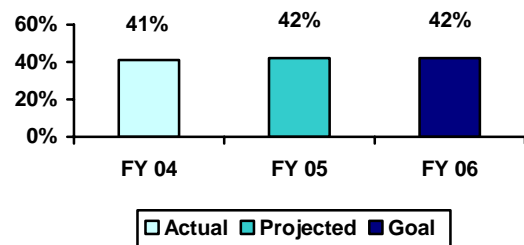
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ACTIVITIES

- Provide substance abuse treatment and prevention services.
- Refer and treat persons with co-occurring mental illness and substance abuse disorders.
- Provide assessment and case management services for clients sentenced by the Drug Court.
- Issue new contracts pursuant to a Request for Proposal (RFP) for all residential treatment using science-based best practices.

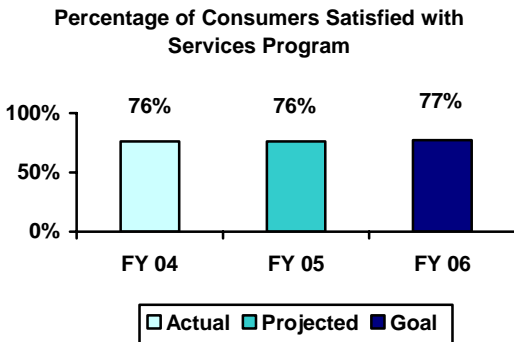
PERFORMANCE MEASURES

Percentage of Detoxification Clients who Received One or More Other Treatment Services



HEALTH AND SOCIAL SERVICES

35-00-00



SOCIAL SERVICES

35-07-00

MISSION

The mission of Social Services is to protect vulnerable populations and provide an integrated system of opportunities, services and income supports that enable low-income individuals and families to develop self-sufficiency and achieve and maintain independence.

KEY OBJECTIVES

Promote health and well-being by strengthening maternal and child health.

- Use the managed care delivery system and providers to improve access and coordinate the provision of primary and preventive health care services.
- Enhance the quality of care through targeted utilization review and case management.

Foster self-sufficiency and independence through service delivery improvements in Delaware's welfare initiatives.

- In partnership with Labor, the Delaware Economic Development Office, Transportation and contracted service providers, place welfare clients in employment or work activity and provide support for long-term employment retention.
- Achieve federal and state mandates for the Temporary Assistance for Needy Families Program (TANF) work participation rates for welfare clients.
- Ensure access for parents requiring infant care and other hard to find child care through community partnerships and quality improvements.
- Where feasible, develop policies and structures that support the Early Success Report.
- Evaluate the results of the TANF Program to ensure programmatic compliance and the achievement of expected outcomes.

Protect vulnerable populations by enhancing collaborative partnerships for support services such as transportation, mental health services for families and services for the elderly and individuals with disabilities.

- Adapt and adopt features of commercial managed care in implementing health care reform initiated at the national or state level.

HEALTH AND SOCIAL SERVICES

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- Through a transportation broker, increase the effectiveness and efficiency of transportation providers to ensure clients can get to health care providers and that the state contains costs.
- Develop initiatives supporting DHSS community-based and institutional based long-term care plans.
- Provide pharmacy coverage for low-income uninsured individuals (specifically the elderly and individuals with disabilities) through the Delaware Prescription Assistance Program (DPAP).

Manage resources efficiently with emphasis on information resource management, Medicaid cost containment and maximizing economic efficiency in Social Services programs.

- Maximize federal funding through “cost recovery” projects.
- Continue to improve division administration, program management, operations and customer service to maximize both efficiency and service quality.
- Continue to improve Medicaid estate, accident and third party recoveries.
- Maintain and enhance the Medicaid Management Information System and support development of other automation systems.
- Reallocate existing staff/program resources to best achieve organizational mission.
- Ensure diversified recruitment practices.
- Ensure that only eligible persons receive benefits and benefits are in correct amounts.

BACKGROUND AND ACCOMPLISHMENTS

Social Services administers a broad range of programs for Delaware’s low-income families and individuals. These programs are regulated and funded by both the state and the federal governments and are provided to over 130,000 (1 out of every 6) Delawareans each month. The three major program areas are:

- Medical Assistance (includes Fee-For-Service, Diamond State Health Plan Commercial Managed Care and Diamond State Partners), Medicaid Long Term Care (LTC), Delaware Healthy Children Program, Chronic Renal Disease Program, Non-Citizen Health Care Program and the Delaware Prescription Assistance Program.

- Subsidized child day care enables low-income parents to become and remain employed and to empower them on their journey to stabilization.
- Financial Assistance (includes Temporary Assistance for Needy Families (TANF), Emergency Assistance, General Assistance, Refugee Assistance and Food Stamps).

The division achieves its goals by:

- Increasing client self-sufficiency and independence, empowerment, and community partnerships.
- Supporting access to quality medical care.
- Acting as a catalyst to modify health care consumption practices from treatment (back end) to prevention and primary care (front end).
- Strengthening families and encouraging personal responsibility.
- Identifying gaps and overlaps in service delivery; and, taking appropriate steps to manage resources efficiently.

Some of the division’s major accomplishments include:

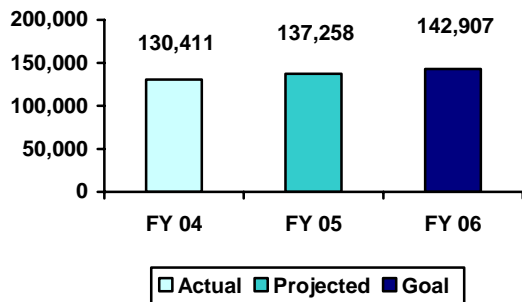
- Expanding health care and related services to non-public assistance low-income populations. There are over 16,263 single adults with incomes under the poverty level who are now covered by Medicaid.
- Continuing to assure efficiently and effectively delivered health care services to low income individuals. Approximately 79 percent of the Medicaid population is currently enrolled in the division’s managed care program, Diamond State Health Plan.

The Medicaid Program covers individuals of all ages and socioeconomic groups. For low-income families and individuals, the program provides comprehensive, including preventive, health care services to which they would otherwise not have access. For the elderly and those with disabilities, the program fills gaps in their Medicare coverage. The program is the state’s largest payer of nursing home care and alternatives to institutional care services. The Medicaid Program plays a vital role from a fiscal, health care, and macroeconomic perspective.

HEALTH AND SOCIAL SERVICES

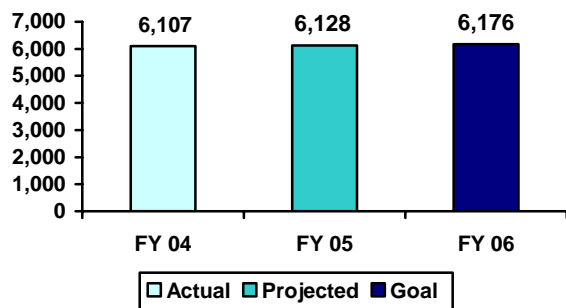
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Medicaid: Average Monthly Clients



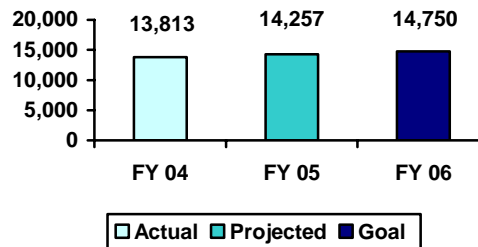
- The TANF average monthly caseload grew by 1.3 percent from Fiscal Year 2003 to Fiscal Year 2004. The growth rate exhibited in Fiscal Year 2004 declined from 3 percent growth in Fiscal Year 2003. The projected growth for Fiscal Year 2005 (0.3 percent) and Fiscal Year 2006 (0.8 percent) reflects a low growth trend in the number of families receiving cash assistance.

Temporary Assistance for Needy Families (TANF): Average Monthly Cases



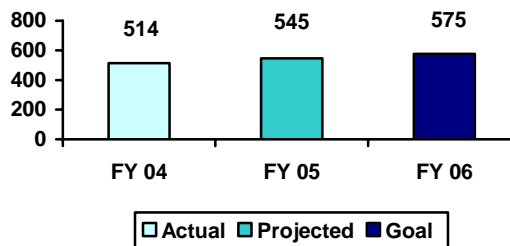
- The number of children receiving subsidized child care has increased from 1,528 in Fiscal Year 1987 to 13,813 in Fiscal Year 2004. The family income eligibility limit for childcare was increased from 155 percent to 200 percent of the Federal Poverty Level (FPL) effective January 2000. The number of children receiving subsidized childcare has been increasing annually between 3.0 percent and 3.5 percent. The projected growth rate for fiscal year 2006 is 3.5 percent.

Child Care: Average Monthly Cases



- The division manages the Chronic Renal Disease Program. This is a state-funded program that serves clients who suffer from end-stage renal disease or who have had a kidney transplant. A Nurse Case Manager coordinates services and performs redeterminations, referrals to other services that will benefit clients, securing prescription drugs from a mail order house and having them delivered directly to client homes, securing a much needed food supplement at the wholesale rate from the manufacturer and automation of billing. Pharmacy costs are the largest program expenditure.

Chronic Renal Disease Program: Average Monthly Cases



- In February 1999, the division began the Delaware Healthy Children Program to cover uninsured children in low-income families. This program uses both federal and state funds to provide services through a managed care program. Children are eligible if the family income is above the Medicaid eligibility limit up to 200 percent of the poverty level. Families must pay a small monthly premium of \$10, \$15 or \$25 depending on family income. As of July 2004, 4,776 children were currently enrolled in the program. A total of 22,447 children have been served under the program since February 1999 through July 2004.
- In July of 2002, the division began the development of Diamond State Partners (DSP), an enhanced fee-for-service delivery system as an alternative within the division's medical assistance managed care

HEALTH AND SOCIAL SERVICES

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program, Diamond State Health Plan. In the changing health care market, this affords the state more flexibility while also affording greater choice for clients to select the best health plan for their needs. DSP remains a viable option for clients and continuously adopts and adapts commercial managed care ideas to best meet the needs of the eligible population. The total enrolled in DSP through July 30, 2004 is approximately 15,000.

- Over the past several years, the division has worked with the Office of the Budget, Department of Education and Department of Services for Children, Youth and Their Families to identify state-funded services that could qualify for federal matching funds. Through these "cost recovery" projects, in Fiscal Year 2004, about \$26.7 million in federal Medicaid matching funds were received by the state.

FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	383,769.1	397,380.2	447,282.8
ASF	29,095.5	29,521.9	30,377.8
TOTAL	412,864.6	426,902.1	477,660.6

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	278.7	278.7	278.7
ASF	2.0	--	--
NSF	310.3	312.3	312.3
TOTAL	591.0	591.0	591.0

SOCIAL SERVICES 35-07-01

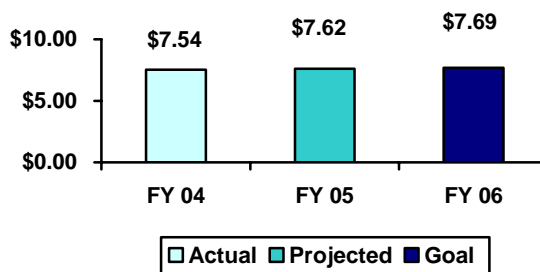
ACTIVITIES

- Act as a catalyst in fostering the independence, self-sufficiency and empowerment of vulnerable segments of the population.
- Continue to adopt and adapt commercial managed care features in developing new health care delivery models.
- Enhance quality in the delivery of medical services through targeted utilization review and case management.
- Perform independent external review of quality, outcomes, timeliness of, and access to services.
- Enforce compliance with program rules and regulations through utilization and financial review of provider operations.

- Assure appropriate utilization of benefits by safeguarding against fraudulent and inappropriate use of services.
- Partner with community organizations to provide services to needy families and individuals.
- Create awareness of the scope of the division's programs within the community, and linking families with necessary services.
- Administer enabling services such as child day care and transportation.
- Manage budgeting, fiscal, facilities and contracting activities to achieve managerial efficiency.
- Manage automated and data management systems.
- Collect and organize data to analyze program trends and outcomes.

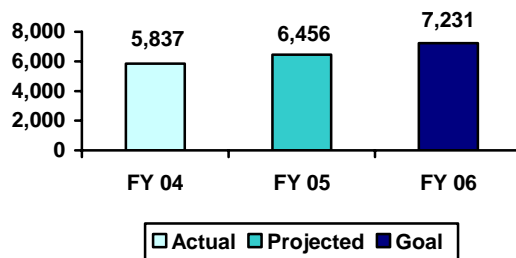
PERFORMANCE MEASURES

**Temporary Assistance for Needy Families:
Average Hourly Wage for Job Placements***



*The increases projected for FY05 and FY06 equate to an average of 1% each year.

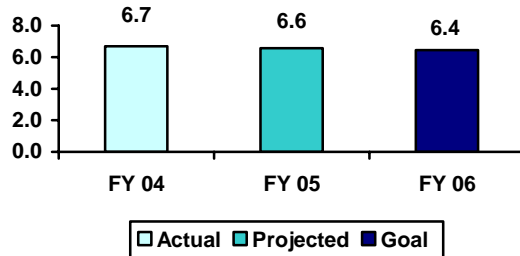
**Delaware Prescription Assistance
Program: Average Monthly Clients**



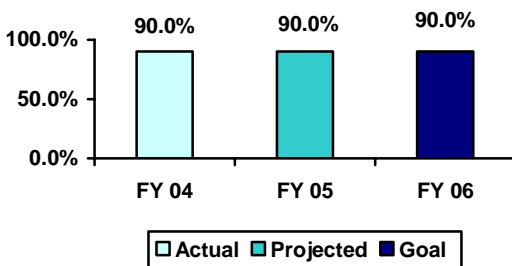
HEALTH AND SOCIAL SERVICES

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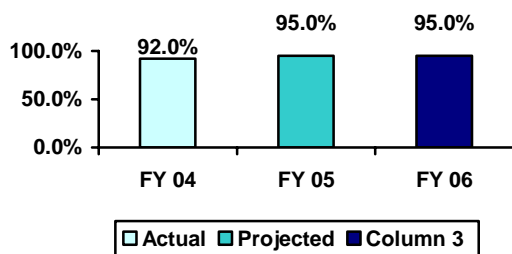
Number of Days from Receipt of "Clean" Claim to Issuance of Medicaid Payment



Percentage of Clients Seen Same Day by Medicaid Provider When Ill



Percentage of Clients Seen Same Month by a Medicaid Provider for a Check-up



VISUALLY IMPAIRED

35-08-00

MISSION

To work in partnership with Delawareans who are blind and visually impaired empowering them to be self-sufficient.

Services provided include:

- Early diagnosis and intervention.
- Education in the least restrictive environment.
- Family and individual counseling.
- Independent living skills, training and equipment.
- Vocational training and related job placement.
- Employment opportunities.
- Advocacy.
- Low vision evaluation and enhancement.

KEY OBJECTIVES

- To promote health and well being, the Division for the Visually Impaired (DVI) reduces or eliminates all barriers to lifelong personal independence produced by the sensory disability of vision loss.
- To foster self-sufficiency, DVI develops and administers employment and job related skill-training programs for persons who are blind or visually impaired.
- To protect vulnerable populations, DVI focuses outreach efforts in underserved communities.

BACKGROUND AND ACCOMPLISHMENTS

Approximately 3,000 persons who are legally blind or severely visually impaired have been identified throughout the State. Services are developed and provided to three major groups of consumers:

- Educational age (0-21)
- Primary employment age (21-65)
- Older Delawareans (66+)

The division is organized into three primary service programs, which include Educational Services, Vocational Rehabilitation, and Independent Living. Additionally, there are two direct employment units:

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Delaware Industries for the Blind and the Business Enterprise Program. Finally, there are support services such as the Materials Center, Volunteer Services, Orientation and Mobility Services, Low Vision Services, Training Center Services, Fiscal Operations, and Information Systems Support. Recently several of these support services, who serve consumers directly, have been placed under one supervisor in order to provide a process for the seamless delivery of support services.

The goal of DVI is to provide instruction in the least restrictive environment. Due to the nature of the disability, DVI staff provides the majority of services in the most appropriate and effective environment, such as the home, work or school.

During Fiscal Year 2004, about 186 children with visual impairments and their families received services from the Education Services Unit. These services, which include itinerant instruction and counseling services to children and their families, were provided in their home or their school classroom.

Independent Living Services, which include daily living skills, communication devices, as well as low vision aids and evaluations, were provided to 1,027 persons with visual impairments during Fiscal Year 2004. Over 82 percent of these individuals served were age 55+, a decrease from 88 percent during the previous year.

Last year, Vocational Rehabilitation services were provided to 148 Delawareans down from last year due to staff shortage and waiting list for services. Twelve consumers were successfully placed in employment; of these, all 12 were in competitive positions within an integrated setting, earning minimum wage or above including benefits.

The Low Vision program served 298 consumers last year. This was a decrease of 15 percent from the prior year. Orientation and Mobility (O&M) services were provided to 148 consumers. This was virtually the same number of consumers served in the prior year.

DVI has 80 active volunteers working as Brailleists, narrators, readers, office assistants, and 13 inmates providing Brailleing and Large Print services through the "Men with a Message" prison Brailleing program. The volunteers and prisoners helped to generate 51,904 pages of Braille, 240 audiotapes, 713 discs, and 37,627 large print pages during Fiscal Year 2004. Currently 10 inmates are certified Brailleists through the Library of Congress in Literary Braille and two more inmates are in training. Of the 10 inmates providing Braille services, two are certified in Nemeth Code (Mathematical Braille), and two more are in training for Nemeth Code certification. Additionally, one inmate is certified as a Nemeth proofreader, one is a Literary Braille

proofreader and one has completed training to transcribe Spanish into Braille.

The Business Enterprise Program (BEP) has worked during the past two years to adjust business practices to increase opportunities for new blind vendors. Over the past several federal fiscal years, the average earnings of blind vendors have fluctuated from a low of \$20,833 in Fiscal Year 2000, to a high of \$30,446 in Fiscal Year 2003.

Delaware Industries for the Blind (DIB) has seen substantial growth in its Custom Products Department where sales were up 28 percent over Fiscal Year 2003, surpassing one million dollars for the first time since its inception. DIB programs combined, produced revenues of \$3,424,402 in Fiscal Year 2004. Additionally, wages paid to DIB employees were \$1,135,817 during Fiscal Year 2004, representing an 18 percent increase over Fiscal Year 2003.

FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	2,407.2	2,737.3	2,911.0
ASF	682.9	1,161.2	1,161.2
TOTAL	3,090.1	3,898.5	4,072.2

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	40.4	40.4	40.4
ASF	3.0	3.0	3.0
NSF	26.6	26.6	26.6
TOTAL	70.0	70.0	70.0

VISUALLY IMPAIRED SERVICES

35-08-01

ACTIVITIES

- Provides an education program designed to minimize the effects of a visual disability on the academic achievements of students through the efforts of Itinerant Teachers and Child Counselors, as well as through the provision of textbooks and instructional materials in appropriate medium. Provides support to individuals age 14 and older to assist in the transition from an educational environment to one of employment.
- Provides Independent Living Services to persons of all ages in the areas of adaptive training, low-tech adaptive equipment, as well as counseling which

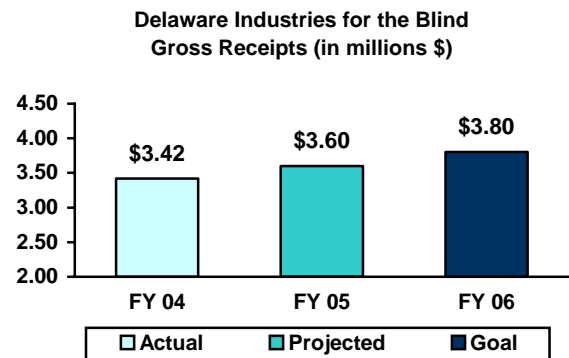
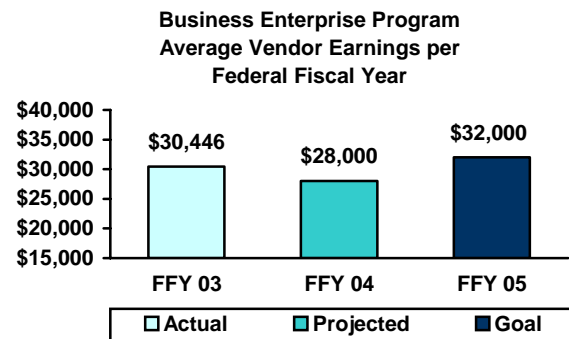
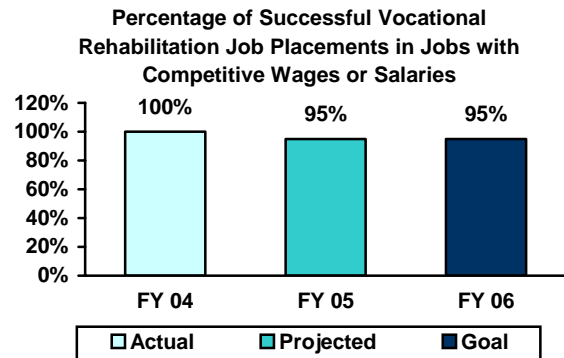
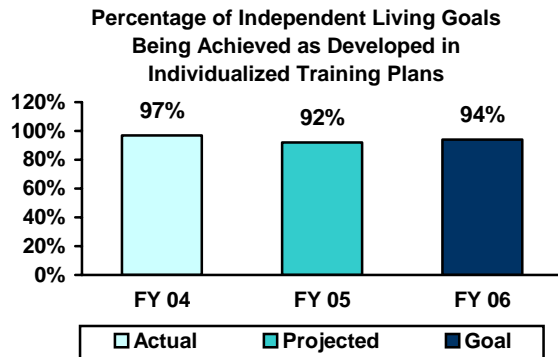
HEALTH AND SOCIAL SERVICES

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promote personal independence and emotional adjustment.

- Provides Vocational Rehabilitation and Supported Employment programs, which provide community-based services focusing on the individual placement model to persons aged 14 and older designed to facilitate employment commensurate with life goals, skills, and abilities.
- Includes a Business Enterprise Program affording competitive and supportive employment opportunities in various positions within the food service industry, as well as in management of food service locations and vending operations.
- Includes an industry employment program (Delaware Industries for the Blind) that allows for the development of employment skills, for competitive, supportive and/or sheltered career opportunities.
- Includes Support Programs such as Low Vision Services; Orientation and Mobility Services; Training Center Services; Peer and Support Group Counseling Services; Materials Center to convert educational materials into alternate media format; and Outreach and Public Information.

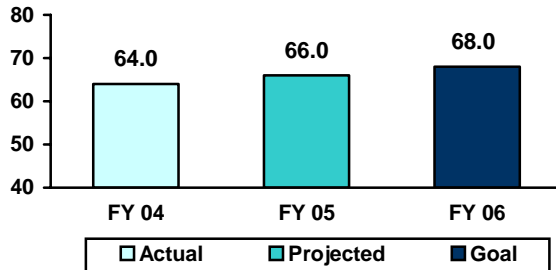
PERFORMANCE MEASURES



HEALTH AND SOCIAL SERVICES

35-00-00

Division for the Visually Impaired
Number of Blind/Visually Impaired Employees



LONG TERM CARE RESIDENTS PROTECTION

35-09-00

MISSION

The mission of the Division of Long Term Care Residents Protection is to promote the quality of care, safety and security of people living in long term care facilities and to ensure facilities' compliance with applicable State and Federal laws and regulations designed to protect these residents. These objectives are accomplished through the division's Investigative and Licensing Sections.

KEY OBJECTIVES

- To decrease the average number of days to complete abuse, neglect and financial exploitation investigations from 32 days in 2004 to 30 days in 2005.
- To decrease the number of days in completing State and Federal criminal background checks from 24 in 2004 to 22 days in 2005.
- To increase the number of off-hour surveys in nursing facilities from 11 in 2004 to 17 in 2005.
- To increase the rate of participation of facilities receiving resident care trainings from 38 percent in 2004 to 50 percent in 2005.

BACKGROUND AND ACCOMPLISHMENTS

Long Term Care Residents Protection promotes quality of life for people living in long term care facilities and ensures that these residents are safe and secure and free from abuse, neglect and financial exploitation. This is accomplished by monitoring compliance with State and Federal laws and regulations. The division also certifies long term care facilities for Medicare and Medicaid in Delaware.

The Incident Referral Center (IRC) exists as part of the intake section for receiving complaints and inquiries from long term care consumers and their families, as well as providers and the general public. This intake unit also has a hotline number for reporting abuse, neglect or financial exploitation. An Investigative Unit member is on-call nights, weekends and holidays to assess potentially life threatening situations.

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The Incident Referral Center received 20,391 contacts during Fiscal Year 2004. The contacts have been analyzed and referred to the appropriate location for resolution.

The in-house Adult Abuse Registry allows the Investigations Section to process inquiries within a 24-hour turnaround time. During Fiscal Year 2004, 19,780 inquiries were processed. Currently, there are 247 people on the Adult Abuse Registry.

Criminal background checks are required for employees in nursing facilities and other licensed facilities. During Fiscal Year 2004, a total of 4,031 new applicants were fingerprinted for State and Federal criminal background checks. Of those, 28 percent had a criminal history. Three percent of the total nursing home job applicant pool had a serious disqualifying criminal conviction.

FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	2,182.5	2,848.5	3,058.5
ASF	--	--	--
TOTAL	2,182.5	2,848.5	3,058.5

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	43.1	42.1	41.1
ASF	--	--	--
NSF	19.9	19.9	19.9
TOTAL	63.0	62.0	61.0

LONG TERM CARE RESIDENTS PROTECTION

35-09-01

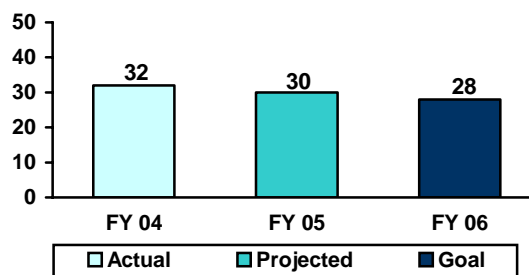
ACTIVITIES

- License facilities and services on an annual basis and conduct a variety of unannounced inspections, including annual, complaint-driven, and off-hours inspections, including weekend, evening and early morning inspections, to determine compliance with Federal and State laws and regulations.
- Receive and investigate complaints of abuse, neglect, mistreatment and financial exploitation and other concerns that may adversely affect residents' health, safety, welfare or rights, including alleged violations of Federal and State laws and regulations.

- Provide for systematic and timely notification, coordinated investigation, and referral of substantiated abuse, neglect, mistreatment and financial exploitation complaints to the appropriate law enforcement agencies and the Attorney General's Office.
- Manage the Adult Abuse Registry and Certified Nursing Assistant Registry as established by the Delaware Code and Federal regulations.
- Administer appeal processes as provided in State and Federal law.
- Ensure compliance with the Criminal Background Check/Mandatory Drug Testing law.
- Provide training for division staff, providers of long term care services, other agencies, residents, and families on applicable statutes, as well as provide other educational workshops, to include innovative approaches to promoting residents' quality of care and quality of life.
- Work with other agencies to promote and advocate for residents' rights.
- Meet with individuals receiving long term care services and their families in conjunction with licensure and enforcement activities.
- Update consumer information materials on an ongoing and as needed basis, through a variety of printed and electronic means, including the division's website.
- Publicize a 24-hour statewide toll-free hotline to receive reports of abuse and neglect complaints.

PERFORMANCE MEASURES

Average Number of Days to Complete an Investigation

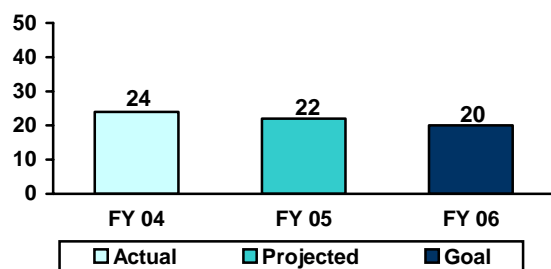


This measure promotes more timely completion of investigations of abuse, neglect, mistreatment and financial exploitation thereby helping to protect residents.

HEALTH AND SOCIAL SERVICES

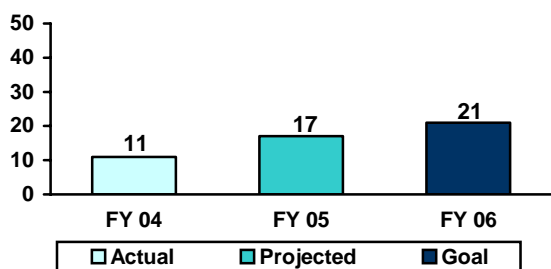
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Average Number of Days to Complete a Background Check



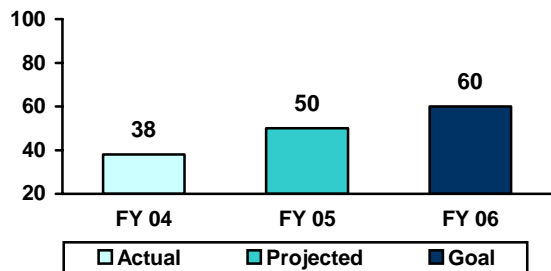
This measure allows for more timely notification to employers about employee criminal background checks thereby helping to protect residents.

Number of Off-Hour Inspections



Facilities' awareness that more unannounced inspections will be conducted off hours (on weekends, before 7 AM and after 7 PM) will help to assure that appropriate care is rendered at all times.

Percentages of Facilities' Participation in Trainings for Resident Care Issues



Resident care issues are identified through facility surveys. Training sessions to address these issues and improve resident care are developed. Facilities will be strongly encouraged to participate.

CHILD SUPPORT ENFORCEMENT

35-10-00

MISSION

To promote family independence by reducing dependency of single parent households through the collection of monetary child support payments and medical support from non-custodial parents. This mission is achieved through the effective use of paternity establishment programs, aggressive location of absent parents, expedient case processing and enforcement techniques, efficient collection, and the prompt distribution of child support payments.

KEY OBJECTIVES

Fostering Self-Sufficiency

- Increase the rate of paternity established by three percent per year for children born out-of-wedlock by continuing to provide the intensive casework necessary to assure client cooperation in establishing paternity and obtaining court orders.
- Increase the percentage of child support orders established by two percent per year by providing a wide array of expedited procedures applicable to the efficient administration of child support actions related to ordering genetic testing, issuing subpoenas, imposing penalties for non-compliance, and gaining access to relevant records.
- Increase the percentage of current child support collected by two percent per year by expanding efforts in two areas: (1) further enhancing the initiation and transfer of wage withholding attachments on child support IV-D cases (IV-D cases receive the full range of child support services where the custodial parent receives public assistance, formerly received public assistance, or has applied for child support services offered by the division), and (2) devoting additional time and resources to non-custodial parent locate activities.
- Increase the percentage of cases paying child support arrears by two percent per year. This objective can be accomplished by (1) expanding the agency's License Suspension program by reducing the minimum amount in arrears a non-custodial parent must owe in order to have one or more licenses suspended, and (2) enhancing the Financial Institution Data Match program.

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BACKGROUND AND ACCOMPLISHMENTS

The Child Support Enforcement Program was developed in 1975 to shift the fiscal responsibility for the support of children from government to those morally and legally obligated. Child support collections are an integral part of any policy to reduce poverty, strengthen families, and prevent welfare dependency.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 mandated many changes in the operation of child support programs. In addition, the elimination of the Aid to Families with Dependent Children (AFDC) program placed added emphasis on the child support enforcement program and its close relationship to the Temporary Assistance for Needy Families (TANF) program that replaced it. As PRWORA programs expand and new child support cases are created, State child support enforcement revenue will continue to increase.

Under the federal Child Support Performance and Incentive Act of 1998, the basis for performance measures established by the federal Office of Child Support Enforcement (OCSE) was significantly revised during a three-year phase-in period that concluded on September 30, 2002. To meet the challenges from child support enforcement programs of the other states that are competing for a limited annual pool of federal incentive income funding, DCSE must maintain a concerted effort to improve its overall performance efficiency and effectiveness.

Accomplishments

Child Support Collections: During Fiscal Year 2004, Child Support Enforcement (DCSE) collected \$87,014,851 in child support payments, which despite a weak economy, represents a \$2,561,158 (three percent) increase over the amount collected during Fiscal Year 2003. Out of its Fiscal Year 2004 collections, DCSE returned \$5,814,930 to reimburse the state and federal governments for benefits provided to children through TANF and Foster Care programs. This represents 6.7 percent of Fiscal Year 2004 collections by DCSE. The remaining 93.3 percent of Fiscal Year 2004 child support collections were distributed to custodial parents caring for dependent children, mostly from single parent households.

PRWORA Certification of DACSES Awarded by OCSE: On May 19, 2004, the federal Office of Child Support Enforcement (OCSE) certified the Delaware Automated Child Support Enforcement System (DACSES) as being in compliance with all programming enhancements required by PRWORA. This was a significant accomplishment since it was the result of

almost seven (7) years of a dedicated effort by a number of DCSE employees. The imposition of significant federal penalties was avoided by the timely completion of this project. Initiatives involved with this project were New Hire Reporting, License Suspension and Denial, Financial Institution Data Match (FIDM), and enhanced wage withholding. During Fiscal Year 2005, DCSE plans to complete the DB2 conversion of DACSES that was authorized in the Fiscal Year 2004 Budget Act.

Customer Service Initiatives: The division's Voice Response Unit (VRU) enables custodial and non-custodial parents to call the agency 24 hours a day and promptly receive current information on items such as the date and amount the last child support check on their account was issued, the current balance of their account, etc. The VRU handled 1,555,846 phone calls during Fiscal Year 2004, for an average of 4,263 calls each calendar day. DCSE has 23 FTEs assigned to its Customer Service Unit (CSU), established in late 1999. During Fiscal Year 2004, staff from the CSU answered 163,728 telephone calls requesting assistance beyond what is available from the agency's VRU. That represents an average of 13,644 calls per month, which is a one (1) percent increase from Fiscal Year 2003. The VRU was able to respond to 89 percent of the phone calls to the CSU without requiring employee intervention.

Automated Wage Withholding: Wage withholding is the most successful method available to ensure regular, dependable payments of child support by non-custodial parents. Enhancements to the child support enforcement computer system to automatically generate wage withholding notices were implemented statewide in 1999. On a pilot basis during Fiscal Year 2003, DCSE (instead of Family Court) began directly issuing wage withholding notices on its downstate cases, and in Fiscal Year 2004 the agency has also begun directly issuing wage withholding notices on its New Castle County cases. These wage withholding notices also instruct the employers of non-custodial parents, if appropriate, to enroll their child or children on the company health insurance coverage available to them. During the three year period ending August 31, 2004, a total of 147,730 wage withholding notices were issued on behalf of DCSE clients to non-custodial parents.

Voluntary Paternity Establishment: This program, which was developed in conjunction with Delaware hospitals, allows parents to acknowledge paternity at the time a child is born. During Fiscal Year 2004, DCSE processed 1,760 voluntary acknowledgements of paternity, plus 372 more during the first two months of Fiscal Year 2005. Since program implementation began in January 1995, a total of 15,870 voluntary paternity

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acknowledgments have been obtained and processed through August 2004, which represents an average of 137 acknowledgments a month.

New Hire Reporting: New Hire Reporting requires all Delaware employers to promptly submit to DCSE, within 20 days of hire, the name, home address, and social security number on all of its new employees. This is a mandatory nationwide program so DCSE also benefits from New Hire Reports filed in other states. Since October 1, 1997, DCSE has received and filed 2,031,829 new employee reports to the national Directory of New Hires. New Hire Reporting is a very effective tool to efficiently locate delinquent non-custodial parents who change jobs frequently.

License Suspension and Denial: PRWORA mandated that all child support enforcement agencies enter into agreements with other state licensing agencies to suspend or deny the driver's, occupational/business, professional, and recreational licenses of seriously delinquent non-custodial parents and Family Court fugitives. This enforcement program is designed to encourage non-custodial parents who are self-employed and those who have avoided automated wage withholding to pay their past due child support and to remain current with their support payments.

DCSE is performing automated matching to suspend licenses through Motor Vehicles, Revenue, and Professional Regulation. DCSE has a manual license suspension process with Fish and Wildlife, because only hardcopy files are available from this agency. However, since Senate Bill 9 was enacted on February 21, 2003, the division has received a number of lump sum payments from delinquent non-custodial parents in order to prevent the loss of their recreational licenses. Through August 31, 2004, a total of 12,100 licenses (up from 8,829 on August 31 last year) have been suspended in Delaware on non-custodial parents who are significantly behind on their child support payments.

Financial Institution Data Matches (FIDM): Under PRWORA, every state child support enforcement agency was required to enter into data match agreements with all financial institutions doing business in their state. Financial institutions also have the option to join the multi-state FIDM program operated by the federal Office of Child Support Enforcement. The purpose of these agreements has been to develop and operate a data match system which: (1) identifies the assets of seriously delinquent non-custodial parents held in financial institutions, (2) imposes liens and levies on those accounts, and (3) undertakes the seizure of these assets. Just as with the License Suspension program, the agency has found that often just the threat of a financial

institution lien (or license suspension) will prompt a delinquent non-custodial parent to make a large child support payment and/or to enter into a payment plan with DCSE.

FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	2,387.0	2,420.2	2,927.2
ASF	1,610.4	1,811.9	1,844.5
TOTAL	3,997.4	4,232.1	4,771.7

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	45.8	46.0	46.0
ASF	27.2	27.2	27.2
NSF	141.0	140.8	140.8
TOTAL	214.0	214.0	214.0

CHILD SUPPORT ENFORCEMENT

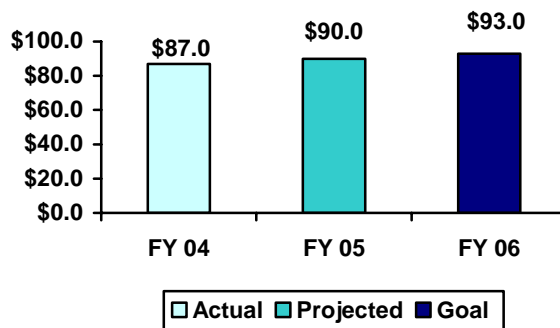
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ACTIVITIES

- Establish paternity.
- Locate non-custodial parents.
- Establish, modify, and enforce child support orders.
- Collect and distribute child support.
- Cooperate with other states in child support related activities.

PERFORMANCE MEASURES

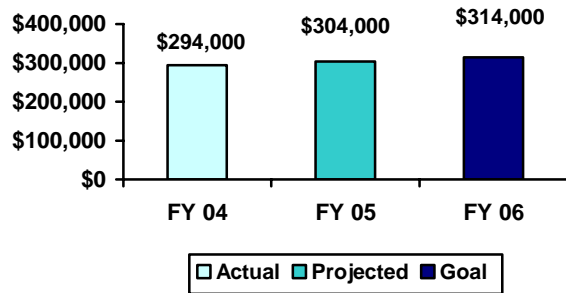
Child Support Collections (\$ millions)



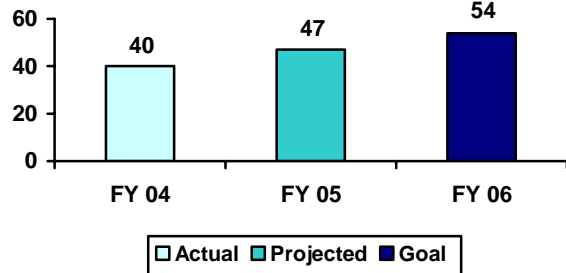
HEALTH AND SOCIAL SERVICES

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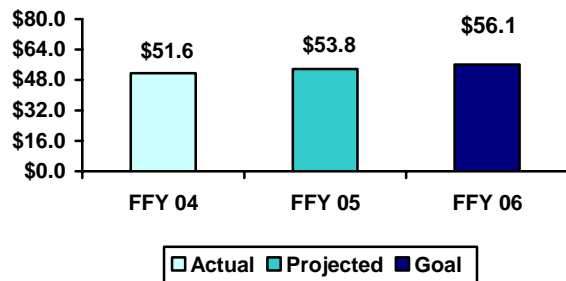
Child Support Collections Per FTE



Number of States and Territories (54) with which DCSE Processes Electronic Payments



Amount of Current IV-D Child Support (\$M) Due Collected (Federal Fiscal Year)



DEVELOPMENTAL DISABILITIES SERVICES

35-11-00

MISSION

To provide services and supports to individuals with mental retardation/developmental disabilities and their families, which enable them to make informed choices that lead to an improved quality of life and meaningful participation in their communities.

The division's primary function is to provide leadership in the establishment, delivery, and monitoring of programs and services that meet the needs of the individuals and families it serves.

KEY OBJECTIVES

The division's five-year strategic plan, addresses six major focus areas of activities:

- Service Philosophy - expand community-based service delivery system; increase easy access to information on division programs; and initiate self-determination best practices.
- Fiscal Resource Development and Allocation - evaluate and implement a rate-setting structure and reimbursement system that is cost effective using General and Federal revenue funds to support the greatest number of people in community settings.
- Workforce Capacity - stabilize the provider workforce through improved recruitment and retention strategies and reducing turnover and vacancies.
- Service System Infrastructure - fully implement person-centered planning and support for individuals residing in community settings; increase access to assistive technology; and increase the division's information technology capacity and use.
- Stakeholder Collaboration - increase involvement of stakeholders by expanding regular public information meetings, educational forums and the division's web-based information.
- Quality Enhancement - revise the quality assurance system to reflect and measure compliance with person-centered planning and support, self-determination practices, and meaningful outcomes for people served through division programs; and participate in the National Core Indicators project to assist in evaluating division service delivery and outcomes.

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BACKGROUND AND ACCOMPLISHMENTS

The division continues to shift the paradigm in the way services are provided to consumers. Service delivery is shifting from a model of clearly fixed and defined programs to a flexible system of supports and services. The new support paradigm represents a shift from a reliance on programs where individuals “fit into” existing services to service delivery that is individually based and designed and consumer-directed. The six major focus areas of activities represent how the division is redefining the service delivery paradigm.

- **Service Delivery** – The principles of self-determination and consumer control and direction of services has been incorporated into all of the division’s activities and services. The vast majority of consumers now live in the community in homes, apartments, and small group residences as opposed to institutional facilities. Many consumers live with their families in their own homes. The division has also increased the provider agency network of residential and day providers within its system that fosters more choices and options for individuals receiving services.
- **Fiscal Resources Development and Allocation** – The division has implemented fiscal and budgeting practices that are consumer-centered and that maximize the efficient use of state and federal funds. The division has developed a new residential and day services rate setting system that is based on the assessment of individual consumer support needs rather than on provider agency/division contract negotiations.
- **Workforce Capacity** – The division has on-going activities to assure that there is sufficient and well-qualified staff in both the state operated and private provider operated programs. The division carefully realigns and reallocates positions within the organization to support the expanding Community Services infrastructure needs on a continuing basis. Consolidation of programs and services at Stockley Center is ongoing to assure that resource utilization is maximized as the census is reduced through community placements. The division is a partner with the University of Delaware, Center for Disabilities Studies in a University grant to look at models that promote the recruitment and retention of direct care staff.
- **Service System Infrastructure** – Over 250 consumers have moved into community-based living arrangements since fiscal year 2001. The division has strengthened its Community Services

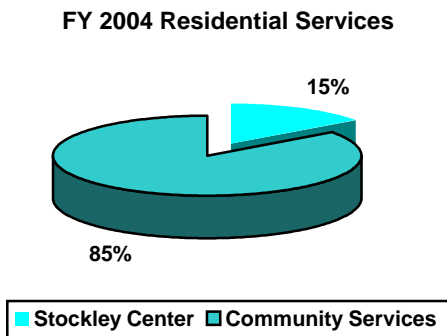
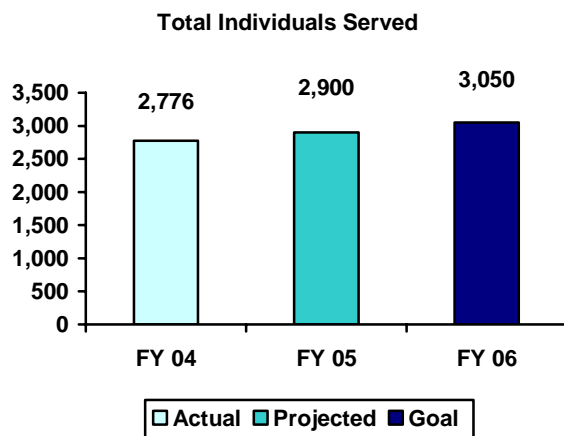
infrastructure to support the shift in service delivery from an institutional facility-based system to a community-based consumer directed system of supports and services. Each individual living in the community now has an Essential Lifestyle Plan that is consumer-centered and based on each person’s support needs and desires. The division has expanded the use of Assistive Technology (AT) that supports consumers’ ability to live in the community and be more independent through a federal grant to increase access to services, a division system for screenings and referrals, incorporation of AT funding in its Residential Waiver, and the development of a Low Interest Loan program. The division is studying more flexible options in housing, including a partnership with the Arc of Delaware and its Homes for Life, use of HUD vouchers, Universal Design Housing, etc. In addition, the population of the Stockley Center has been reduced by 37 percent since fiscal year 2001 with consumers moving to community-based living arrangements. Plans are being developed to restructure the Stockley Center into a multipurpose regional evaluation and resource center in southern Delaware to support the needs of consumers living in the community. A residential living unit and respite program for medically fragile consumers will be components of this regional center.

- **Stakeholder Collaboration** – The division has developed a collaborative partnership with its stakeholders and has developed a newsletter to inform consumers, families and interested stakeholders regarding the division’s services and activities. A new website has been developed that is more consumer user friendly and includes reports, downloadable division forms and links for consumers and families. A new division brochure of services was developed for consumers and families. The division also participates in the National Core Indicators project that annually surveys consumers and families regarding satisfaction with services that helps us determine if services are meeting consumer and families’ needs.
- **Quality Enhancement** – The division has been realigning its quality assurance and consumer improvement activities to reflect the changing paradigm of community-based services and consumer directed supports. In October 2004, the division obtained a three-year grant from the Center for Medicare and Medicaid Services (CMS) to develop a “Consumer Centered Quality Assurance and Quality Improvement in Home and Community-Based Services” quality assurance protocol. The

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project will utilize the CMS Quality Framework to design a consumer centered QA/QI system built around consumer choice and satisfaction. The division contracted with the Center for Outcome Analysis to evaluate the outcomes of consumers who moved from the Stockley Center to the community. The findings showed that the community placements resulted in positive life changes and no negative health or behavioral consequences. Certification and Licensing Regulations have been revised in conjunction with the changes in the structure of the service delivery system.



- The division is serving an increasing number of people with specialized needs who require more expensive support services. This includes:
 - A growing number of people with significant medical care issues throughout the division, especially at Stockley Center, as evidenced by the increased number of residents with skilled-care needs. This trend will continue as the population ages.
 - A growth in the Special Populations Program serving individuals with challenging behaviors, autism and Prader Willi syndrome.

- An aging population that presents support needs which are very similar to individuals who have Alzheimer's disease or dementia.

Significant accomplishments have been made in the following areas:

- Conclusion of work with the Division of Long-Term Care Residents Protection (DLTCRP) to consolidate two separate sets of rules for the operation of neighborhood homes into one set of formal licensing regulations (effective October 2003).
- Participation in and completion of Phase III of the Core Indicator Project (CIP), the goal of which is to establish individual state and national service-performance baselines for use in the development of service improvement plans.
- Establishment of a formal Incident Management System to enhance the division's client protection policies and procedures, including an improved ability to track risk factors and address trends more effectively.
- Completion of a project to establish a new rate-setting methodology that will support day and residential service payments based on standardized assessments of individual support needs, as well as impart fair and equitable reimbursement rates to contract providers.
- Completion of revenue enhancement measures to maximize federal funds including: reimbursement for transportation costs; implementation of patient pay collections; and shifting other contractual services utilizing 100 percent state general funds to capture federal matching resources.
- Award of \$351.0 grant from the U.S. Department of Health and Human Services for enhancement of the division's Quality Assurance systems that lead to quality improvement of home and community-based services.
- Establishment of a formal Communications Advisory Committee to enhance the division's ability to provide information to consumers and their families via print and electronic media.
- Continued expansion of the division's training and staff development partnership with the University of Delaware's Center for Disabilities Studies.

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35-00-00

FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	56,343.6	61,811.4	67,133.5
ASF	1,930.3	2,588.9	2,658.9
TOTAL	58,273.9	64,400.3	69,792.4

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	686.6	676.6	676.6
ASF	1.0	1.0	1.0
NSF	3.0	3.0	3.0
TOTAL	690.4	680.4	680.6

ADMINISTRATION

35-11-10

In order to ensure optimal services for persons with mental retardation/developmental disabilities, the focus of Administration is on planning, directing development and providing the overall management of statewide services.

ACTIVITIES

Financial and Business Operations

- Management of fiscal operations to include budget development and administration, contracts monitoring and maximization of Federal revenues to support division programs and services, as well as ensuring cost-effective service delivery.
- Administration of benefit programs for individuals in residential programs to include management of the Home and Community-Based Medicaid Waiver Program.
- Management of division information systems and technology advancement necessary for efficient operations.

Professional Services

- Monitor and evaluate progress in the implementation of the division's five-year strategic plan.
- Provide psycho-forensic consultation for special cases.
- Oversee the operations of the division's Intake Unit.
- Write and manage grants.

Training and Professional Development

- Develop and deliver a wide array of Mental Retardation/Developmental Disabilities related training programs.

- Coordinate and support employee participation in personal, professional and technical development courses and seminars.
- Facilitate improved communication with consumers, families, employees, providers, advocates, etc.

Quality Assurance

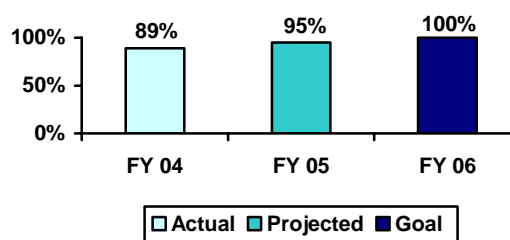
- Continuously monitor the status of Developmental Disabilities Services programs and services to assess compliance with applicable laws, regulations, and policies.
- Provide ongoing regulatory oversight of health and safety activities and systems at Stockley Center and throughout Community Services.
- Conduct annual certification reviews of community-based day and residential programs, including assisting the DLTCRP in the licensing of the division's neighborhood homes.
- Conduct routine surveys to assess consumer, family, staff, and other stakeholder satisfaction with programs and services.
- Participate in the National Core Indicators project as a means of addressing the quality improvement of programs and services.

Early Intervention Program

- Evaluate the developmental status of infants to identify children with special needs at the earliest age possible.
- Develop individualized service plans that meet the needs of special-needs infants and their families.
- Provide intervention training and support to the families of infants with special needs.
- Facilitate the coordination of services for infants with special needs and their families.

PERFORMANCE MEASURES

Percentage of Goals Completed from
Division's Strategic Plan



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35-00-00

STOCKLEY CENTER

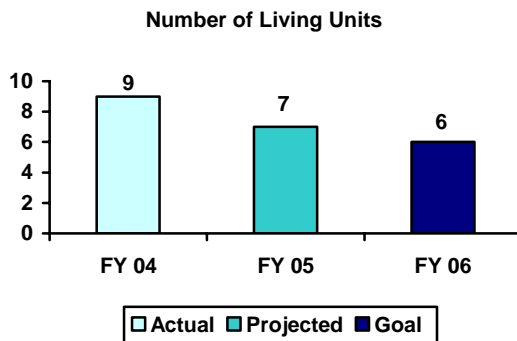
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ACTIVITIES

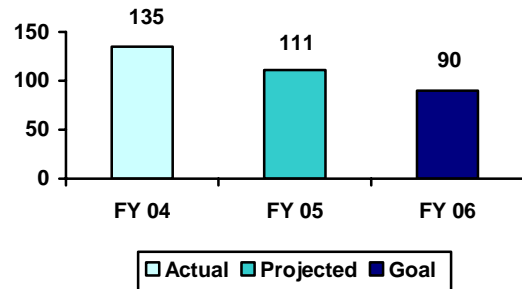
The mission of Stockley Center is to support and empower individuals with mental retardation and developmental disabilities to make choices, affirm and exercise their rights, and live successfully in the community.

- Operate a 132-bed ICF/MR facility composed of 33 skilled-care level beds and 99 intermediate-care level beds.
- Operate a 16-bed Assisted Living unit for individuals with Alzheimer's disease or dementia.
- Comply with ICF/MR regulations.
- Operate an integrated quality assurance program to ensure regulatory compliance.
- Ensure the development of a person-centered service delivery system, which provides for individual choice of residential living options.
- Provide comprehensive health services to include medical, dental, nursing, psychological, and other ancillary services.
- Provide work and personal/social adjustment services.
- Maintain an environment that safeguards the health and safety of residents.
- Maintain the infrastructures and utilities necessary for campus services.

PERFORMANCE MEASURES



Stockley Center Census



COMMUNITY SERVICES

35-11-30

ACTIVITIES

Community Services operates an array of services in community-based settings for individuals with mental retardation/developmental disabilities to support the division's mission. Services include:

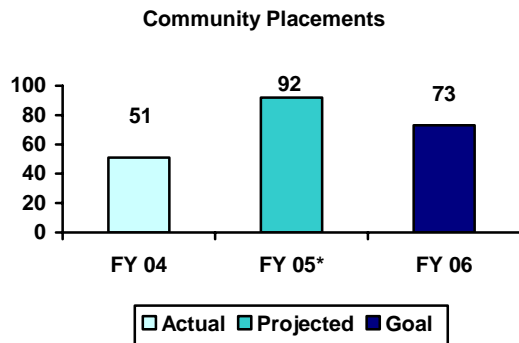
- Residential services that are person-centered and provide support for individuals living in community-based settings (e.g., neighborhood homes, apartments, foster homes). Individual supports include direct supervision, case management, medical care (e.g., dental, podiatry), and other related services that promote personal choice and independence.
- Employment, vocational, and personal/social adjustment services that are designed to help individuals develop and/or maintain work and personal living skills. These services are offered in a variety of settings, which include private businesses, sheltered workshops, and day-service centers.
- Family support services that help families caring for a family member with a disability to keep that family member at home. These services include: respite care, case management, environmental modification assistance, therapy referrals, health and medical care coordination.
- Adult Special Populations services that are designed to provide the intensive and specialized types of supports needed for individuals who present atypically challenging behaviors, have autism, or a related developmental disability. Services include community-based residential, employment/vocational, and other related health and professional services.

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- Assistive Technology services that provide individuals with assessments and adaptive equipment that serve to improve their quality of life. Assistive Technology includes equipment such as wheelchairs, walkers, special switches and knobs, computer programs, communication devices and environmental modifications which are designed to maximize each person's level of independence.

PERFORMANCE MEASURES



*FY 2005 projection includes 13 placements in process from FY 2004 and an additional 79 placements included in the FY 2005 Budget.

STATE SERVICE CENTERS

35-12-00

MISSION

To provide convenient access to human services, assist vulnerable populations, support communities, and promote volunteer and service opportunities.

KEY OBJECTIVES

- Target services and resources to those individuals and families in greatest need.
- Establish effective communication networks and technological capacity regarding available services and resources that increase the knowledge of constituents, public and non-profit service providers, and others.
- Effectively use public and private resources to advocate on behalf of low-income and vulnerable populations and to combat the causes and conditions of poverty in Delaware.
- Establish a culture of empowerment and excellence within the division.

BACKGROUND AND ACCOMPLISHMENTS

The Division of State Service Centers provides direct client services to low-income and vulnerable populations; administers state and federal funds to assist low-income persons and households; and coordinates volunteer activities throughout the state. The division is structured into four units: Family Support Services, which provides programs and services that serve as a safety net for individuals and families in crisis or in need of supportive services; the State Office of Volunteerism, which administers volunteer activities and programs for all ages; the Office of Community Services, which administers statewide and federal programs for low-income persons; and Service Center Management, which includes the Office of the Director, fiscal operations, information resource management, and telecommunications.

During Fiscal Year 2004, the accomplishments of the division included the following:

Emergency Assistance. Emergency assistance for rent, utilities and emergency shelter was provided to 15,808 clients under the Community Resource and Assistance Program. An additional 9,054 clients were served

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through the use of Emergency Assistance Services funds, and 312 clients received assistance through the Needy Family Fund. The Kinship Care Program assisted 83 caregiver households.

Information and Referral. The Delaware Helpline received a total of 430,019 calls for information. Of those, 72,340 were referred to division staff for more in-depth information and referral.

Family Visitation. Visitation Centers provide safe, neutral settings where children can maintain or re-establish a relationship with a non-custodial parent. The Visitation Centers served 338 families by providing 2,304 monitored exchanges, 1,110 supervised visitations and 1,705 group visitations.

Adopt-A-Family. Nearly 3,700 individuals (1,244 families) were served by Adopt-A-Family during the holiday season, and almost 1,200 individuals (426 families) were assisted through the year-round program. In addition, 1,375 students were assisted with school supplies.

Home Energy Assistance. The Fuel Assistance Program served 13,277 low-income households below 200 percent of poverty. This represents an increase of 6 percent over the previous year. The Crisis Assistance Program helped 4,238 households with crisis benefits, an increase of 9 percent. The Summer Cooling Assistance Program helped 1726 households with electric bills, and 215 households received room-sized air conditioners. The Weatherization Assistance Program supported the installation of energy efficiency improvements in the homes of 453 low-income families statewide. The Utility Fund, established in Fiscal Year 2000 to assist low-income individuals and families with the high cost of utility bills, served 3,427 households, and 37 furnaces were replaced in low-income homes under the Weatherization Assistance Program.

Shelter Services. State emergency housing funds supported contracts with 13 emergency and transitional shelter agencies with a total of 753 beds, and assisted a total of 3,623 homeless individuals. Of those who received shelter services, 436 households successfully departed to permanent housing. Due to the insufficient stock of affordable housing, however, low-income individuals/families will continue to need the services that are being rendered by the statewide network of emergency and transitional housing agencies. Unfortunately, the number of individuals not served due to lack of space or funds, totaling 6,864, is significantly higher than of those who do receive shelter. This is not an unduplicated figure, considering an individual may seek shelter services from more than one agency. Consequently, successful departures to permanent

housing will continue on a declining trend, resulting in households remaining in transitional housing for longer periods of time.

Community Services Block Grant (CSBG). The CSBG provided funds for a range of anti-poverty services, which included helping 273 low-income individuals attain their employment goals; assisting 265 low-income households to increase their income; helping 295 households to move from emergency or transitional housing into stable housing; 72 households to move from subsidized housing to either unsubsidized housing or homeownership; and provided health care access and treatment services for migrants, immigrants, and adults without health insurance.

Food and Nutrition Program. Sixty-seven non-profit agencies reporting to the Food Bank of Delaware distributed food 36,693 times to households through food closets and mobile pantry programs in Delaware. State Service Center sites distributed emergency food 3,578 times to households in Delaware.

Senior Volunteer Programs. The Retired Senior Volunteer Program (RSVP) provides opportunities for people age 55 and older to apply their life experience to meeting community needs. The volunteers are recruited to help serve in the areas of health and human services, education, environment and public safety. In New Castle and Sussex counties, 2,346 seniors contributed more than 327,780 hours of volunteer service at non-profit and governmental agencies. The statewide Foster Grandparent Program placed 316 seniors, including 18 males. Foster Grandparent worked with a total of 1,896 children, and service hours completed totaled 260,587.

AmeriCorps. Offered 39 members the opportunity to give back to their community through educating teens to prevent pregnancy, mentoring, serving in after school programs, and intergenerational programming. AmeriCorps members contributed 37,304 hours of service.

Volunteer Events. Twenty-five community projects involved 2,439 volunteers on Make A Difference Day. Nearly two hundred volunteers, volunteer coordinators and service providers attended the Delaware Conference on Volunteerism. Five hundred people attended the Governor's Outstanding Volunteer Awards ceremony.

Volunteer Resource Center. The Delaware Volunteer Resource Center served Delawareans through direct volunteer referrals (795), contacts to agencies via the VolunteerWay website (1,208 inquiries to agencies), webpage hits (5,524), outreach contacts (1395), technical assistance to agencies (607), and training sessions for volunteer coordinators. Eighty-three (83) students

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received an elective school credit through the Delaware Volunteer Credit Program.

Directory of Human Services. The division's biannual publication was completed and more than 2,100 copies have been either sold or given complimentary to the public.

FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	9,204.4	9,581.1	10,264.2
ASF	267.7	585.6	585.6
TOTAL	9,472.1	10,166.7	10,849.8

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	109.6	108.6	108.6
ASF	--	--	--
NSF	25.0	25.0	25.0
TOTAL	134.6	133.6	133.6

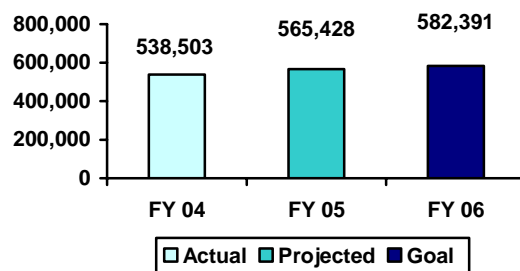
FAMILY SUPPORT **35-12-10**

ACTIVITIES

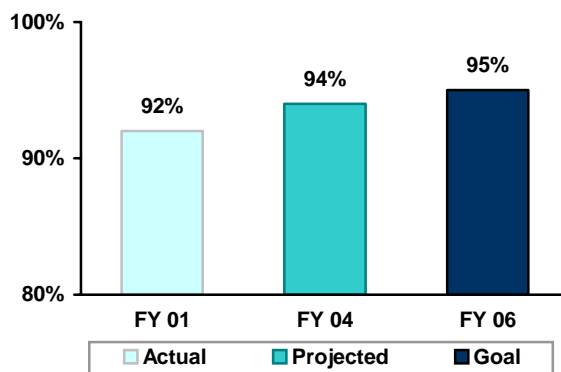
- Provide one-stop service access for clients through the management of 14 State Service Centers.
- Partner with other state and non-profit agencies to improve accessibility to programs for vulnerable Delawareans.
- Provide direct support services including Emergency Assistance Services; Community Resource Assistance Services; Needy Family and Utility Funds; Information and Referral; Child Restraint Car Seat Loaner Program; Emergency Food and Shelter Program; Adopt-A-Family; and Family Visitation.
- Monitor client satisfaction and service use through surveys and other reliable instruments to measure accessibility to services, client satisfaction, and appropriateness of service mix.
- Provide a safe and secure environment for children to develop or maintain a positive relationship with their non-custodial parent through visitation centers housed in State Service Centers.

PERFORMANCE MEASURES

Number of Client Visits to State Service Centers



% of Clients Satisfied with Services Provided at State Service Centers



SERVICE CENTER MANAGEMENT **35-12-20**

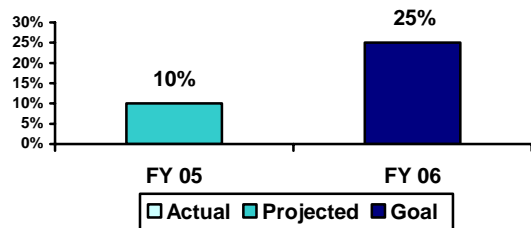
ACTIVITIES

- Provide oversight, training, planning and evaluation, and emergency management for the division through the Office of the Director.
- Provide fiscal management and financial monitoring.
- Provide technical support to improve service delivery through the use of automated information systems and telecommunications equipment.

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**% of Direct Care Staff Trained to Provide
Quality Customer Service**



During the course of Fiscal Year 2005, the Division of State Service Centers will develop and implement a quality customer service training component for direct service staff.

COMMUNITY SERVICES

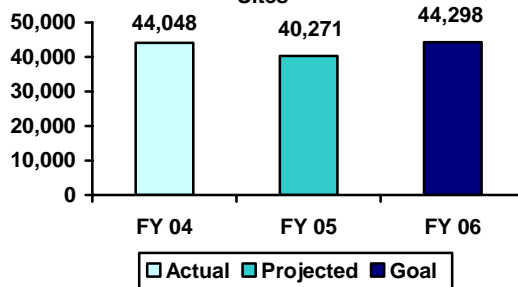
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ACTIVITIES

- Administer the Community Service Block Grant; state funds for Emergency/Transitional Housing Site Operations; Emergency Housing Assistance Fund; state funds for Community Food Programs; federal Community Food and Nutrition Program; Fuel Assistance Program; Weatherization Assistance Program; and Summer Cooling Assistance Program.
- Facilitate community development outreach in collaboration with the First State Community Action Agency, Inc.
- Perform program planning, monitoring and evaluation.
- Serve as an Advisory Council member to the Neighborhood Assistance Act Tax Credit Program.

PERFORMANCE MEASURES

**Number of Times Households Accessed
Emergency Food at State Service Center
and Community-Based Food Distribution
Sites***



**The apparent decline reflects a change in reporting guidelines, rather than a reduction of services.*

VOLUNTEER SERVICES

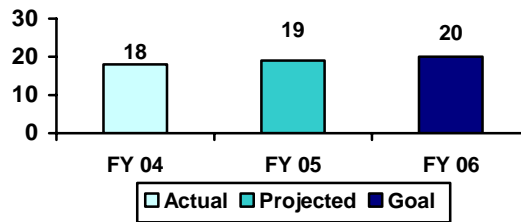
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ACTIVITIES

- Administer the AmeriCorps National Service Program; AmeriCorps VISTA program, Volunteer Resource Center; Foster Grandparents Program; and Retired Senior Volunteer Program.
- Help state and non-profit agencies to better meet their objectives by implementing volunteer programs through technical assistance, training, public relations and assistance with volunteer recognition programs.
- Recognize the contributions of volunteer youth and adults in annual events.

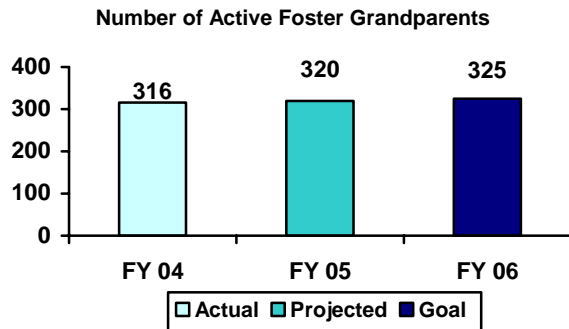
PERFORMANCE MEASURES

Number of Male Foster Grandparents



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SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES 35-14-00

MISSION

The mission for the Division of Services for Aging and Adults with Physical Disabilities is to improve or maintain the quality of life for residents of Delaware who are at least 18 years of age with physical disabilities or who are elderly.

KEY OBJECTIVES

Promote Health and Well-Being

- Collaborate and develop partnerships with other State and community-based agencies to develop campaigns and wellness programs for older persons and persons with physical disabilities.

Foster Self-Sufficiency

- Continue to address service needs in the key home and community-based programs, including adult day care, adult foster care, home delivered meals, housekeeping, respite, nutrition, legal services, Hispanic outreach, attendant services and assistive technology.

Protecting Vulnerable Populations

- Continue to address the service needs of low-income older persons and adults with physical disabilities who are at greatest risk of institutionalization.

BACKGROUND AND ACCOMPLISHMENTS

The division, formerly the Division of Aging, has been in existence for over 30 years. In July 1994, the division's mission was further expanded to include the provision of services for adults with physical disabilities. This change created a more efficient service delivery system with a "single point of entry" for both adults with physical disabilities and older persons.

Current funding sources include the Older Americans Act, the Social Services Block Grant, and Medicaid Waiver for Elderly and Disabled, Medicaid Waiver for Assisted Living, Tobacco Settlement and General Funds. Additionally, the division manages research and demonstration grants from various sources as they become available.

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Several factors continue to influence the availability of resources for the client populations and the demand for programs and services to meet their needs. Three of the most important factors include population changes, increased service costs and Federal funding limitations.

One of the most significant factors impacting the demand for services is the growth of the older population in the State. Delaware, like other states, has experienced a tremendous increase in the older population over the past two decades. Projections indicate that the older population will continue to grow faster than the general population through the next two decades. Although data on the number of persons with physical disabilities is less readily available, the Department of Health and Social Services has estimated that this group numbers approximately 16,000 in Delaware.

A second factor that has impacted the availability of services is the increase in program costs. Staff salaries and fringe benefit costs, for example, among contractors have increased drastically over the past several years. In addition, increased regulatory demands have resulted in higher program costs.

A third factor that has had an impact on service availability is the level of funding.

Despite these funding pressures, the division has been successful over the past several years in developing new initiatives to assist its client populations.

In addition to becoming the focal point for persons with physical disabilities, the division has developed a Medicaid Waiver for Acquired Brain Injury. The waiver, still in the planning/implementation phase, will enable the division to provide home and community-based services for persons with acquired brain injury.

During the past several years, the division has expanded the mission of its Joining Generations program to become a resource for grandparents raising grandchildren and for other relative caregivers. Support groups and a variety of respite services for relative caregivers are now available statewide. In addition, the division has worked with various organizations to develop a process to enable informal caregivers to register children for school and to approve needed medical treatment.

The division has carried out a health promotion campaign known as the March to Wellness. This wellness campaign has included many initiatives such as a walking program; depression support groups; diabetes support/management programs; a gambling awareness program; and programs related to osteoporosis and heart disease. In addition, as part of its health promotion efforts, the division continues to participate in numerous

health fairs throughout the State and sponsor other health education events.

The division has implemented a Money Management program in coordination with the American Association of Retired Persons (AARP). The program uses volunteers to assist senior citizens and persons with disabilities to organize their expenses and pay their bills.

The division has been actively participating in a nationwide effort to reduce Medicare fraud, through its Medicare Fraud Alert program. The program utilizes volunteers to teach Medicare beneficiaries how to review their benefit statements, and how to respond to concerns and questions about their medical bills and health coverage. The program now has a dedicated toll-free hotline for Spanish-speaking persons.

The division has developed a comprehensive caregiver support program - CARE Delaware - to assist families who care for older persons, and also to assist older relatives, such as grandparents, who care for children. The program provides caregiver resource centers, expanded respite services and other benefits to caregivers.

The division has received a three-year grant to facilitate the transition from nursing homes for residents who opt to live in less restrictive, community-based settings. The project, known as Passport to Independence, is being carried out in cooperation with various agencies throughout the State.

Finally, the division has made strides in using the Internet as a tool for providing information to older persons, adults with physical disabilities, caregivers, service professionals, and others in Delaware.

FUNDING

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	14,901.3	9,008.1	9,915.4
ASF	883.1	612.2	1,102.1
TOTAL	15,784.4	9,620.3	11,017.5

POSITIONS

	FY 2004 ACTUAL	FY 2005 BUDGET	FY 2006 GOV. REC.
GF	62.3	62.3	64.1
ASF	--	--	--
NSF	51.9	51.9	55.2
TOTAL	114.2	114.2	119.3

HEALTH AND SOCIAL SERVICES

35-00-00

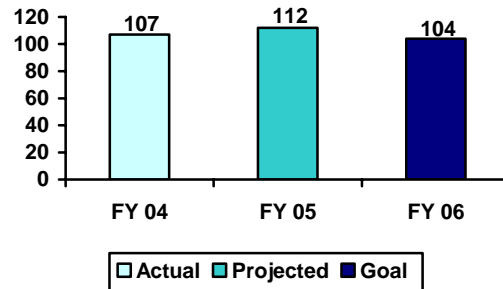
SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES 35-14-01

ACTIVITIES

- Administer contracts for key home and community-based services for older persons and adults with physical disabilities statewide.
- Operate various programs including Adult Protective Services; Community Services; Long-Term Care Ombudsman; Medicare Fraud Alert; Money Management; Joining Generations; CARE Delaware; and Passport to Independence.
- Advocate on behalf of older persons and adults with physical disabilities to create a broader awareness of their needs.
- Develop and implement a variety of wellness and health promotion programs.
- Operate the Eldercare Resource Center to provide information about caregiving to Delaware employers/employees.
- Analyze data, perform needs assessments and develop and evaluate new services for older persons, adults with physical disabilities and their families.
- Provide training to agency staff and staff in the aging and disabilities network on an ongoing basis on a range of topics related to the provision of services to older persons and adults with physical disabilities.
- Develop public-private and public-public partnerships to increase services and avoid duplication of effort.
- Plan and conduct special events focusing on older persons and adults with physical disabilities.

PERFORMANCE MEASURES

**Pre-Admission Screening (PAS):
Average Caseloads**



Pre-Admission screening is required of all persons who apply for services under a Medicaid Home and Community Based Waiver. For Waivers administered by DSAAPD, staff nurses perform the pre-admission screenings. While the number of nurses on staff at DSAAPD has remained constant for many years, the number of required screenings has risen dramatically. There were eight staff nurse positions in 1989. Since then, no new positions have been added but the workload has more than quintupled.

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